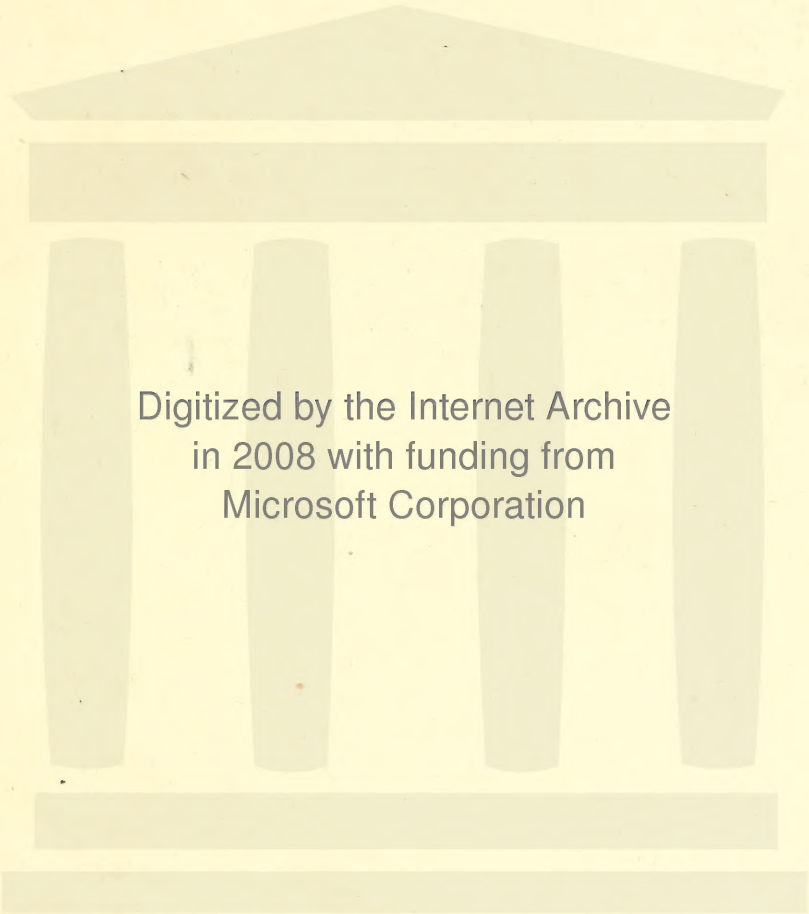

The Hospital World

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Editorials

A ROYAL HOSPITAL WORKER

HOSPITAL workers throughout Canada will mark with especial pleasure and anticipation the appointment of Prince Alexander of Teck to be the next Governor-General of Canada.

The successive occupants of this highest office have always shown a kindly interest in our hospitals,

to the extent of personal visits and personally expressed approval. But the viewpoint of each distinguished visitor has, of necessity, been that of an outsider. In His Highness, the Duke of Teck, however, hospital workers welcome one of their own fraternity, one who has done active service, and who may be termed an expert in the larger hospital problems of administration and finance.

The Duke of Teck has been President of the Middlesex Hospital, London, for several years, undertaking the position and its onerous duties upon the death of his brother Prince Francis. He is also Chairman of the King Edward Hospital Fund—that valuable and really wonderful organization, which covers so wide a field of hospital activities, and has become a powerful directing force far beyond that first conceived by its founders.

That Lord Mountstephen and the late Lord Strathcona have been most generous donors to the King's Fund, and that their large gifts of one million dollars each a dozen years ago placed the Fund upon a stable basis, should in itself form a bond of mutual interest between the present chairman of that Fund and the hospital workers of Canada.

The Prince will find that Canada is not behind the older land in hospital construction. He will see some fine exponents of modern hospital architecture, embodying all that is best in this special branch of medical knowledge. He will observe also evidence of careful internal organization, together with a strong local

and individualistic enthusiasm in the workers connected with the various institutions.

But in the matter of co-relation and co-ordination of our hospitals the Duke will note much to be desired.

The large public hospitals of Canada are organized on a different basis from that of the purely voluntary hospitals of England. While our contagious disease hospitals are altogether under municipal support and control, the general hospitals have two, sometimes three or four sources of income and of consequent control. It is doubtful, indeed, whether any two of our large general hospitals are on exactly the same basis in this respect. This condition complicates both administration and finance. It engenders a spirit of rivalry and an undesirable phase of competition between local hospitals, which is greatly to be deplored.

His Highness will doubtless observe that, in consequence of this individualistic method of hospital management, with the lack of co-operation involved, there is a loss of both efficiency in service and economy in administration. With his extensive experience in the magnificent remedial service along these lines rendered to the London hospitals by the King's Fund, it is possible that the Prince may see fit, during his regime in Canada, to formulate and develop some similar corporate body to advise and co-ordinate the work of the general hospitals of the Dominion.

The hearts and hopes of Canadian hospital workers are turned toward him; and their burdens are

already lightened by the knowledge that Canada's coming Governor-General is also an experienced hospital president.

A CONSERVATIVE PRONOUNCEMENT

THE recently-issued report of the distinguished London Committee, appointed two years ago, having as its chief purpose the investigation and pronouncement concerning "faith" and "mental" healing, has been read with interest by the large and ever-increasing number of thinkers and workers in the psychopathic and sociological fields.

The primary attitude adopted toward this school of belief, that of ranking it with pure fakeism, has long since been dropped. The later attitude, admitting a measure of curative power, but relegating both the cure and the disease to the bogland of imagination and hysteria, has also been largely abandoned.

The new psychology of suggestion and autosuggestion, the studies and experiments of Cabot, Worcester, Coriat, and others on this side of the water, together with many eminent continental psychologists, and their explorations into the newly discovered realm of the sub-conscious, have lifted this long tabooed subject of faith and mental healing sufficiently within the realm of medical science to make the appointment of so conservative and dignified a committee as the one referred to a possibility.

Being composed one-half of distinguished Church dignitaries, among whom were the Deans of St. Paul's and Westminster, it is natural that the committee should have dealt at length with the subject of "faith" or spiritual healing, since the advocates of this doctrine place it upon a distinctly religious basis, and claim direct connection with Divinity through prayer as the one source of healing.

The conclusions of the committee are summed up with a calm impartiality of statement to be expected from such a body. Its voice is conservative, yet less so than it would have been a few years ago before the new psychology had modified the strongly materialistic attitude of both science and medicine, and, in a measure, of the Church also, toward the treatment of bodily diseases.

The committee expresses its belief in the efficacy of prayer, but asserts that divine power is exercised only through the operation of natural law, although it admits that bodily health is capable of being influenced for good by spiritual means. It also states that the physical results of "faith healing" do not prove to be different from those of "mental healing" or suggestion; and while the religious influences do not differ from the non-religious in their operation, yet the former is often the most potent form of suggestion. The result of the investigation has forced the committee to the conclusion that faith healing is like all other healing by suggestion, effective only in cases of functional disorders.

The deliberations of this august committee have brought no new contribution to this subject. They have merely confirmed in a safe and sane way the attitude of the many who have given it serious thought. The committee's one important announcement is that which places faith and mental healing as one and the same process, that of suggestion.

But as the *Hospital* remarks "The dividing line between mind and spirit is extremely obscure, and until the church can draw some satisfactory distinction between the two we must look to the development of psychology to show us what the laws which underlie suggestion really are. Psychotherapy must yield its secrets to scientific study, and the day when it has done so will be known by its inclusion as a formulated branch of treatment which can be applied as readily and usefully as, say, the surgical treatment of cataract."

THE HOSPITAL MILK SUPPLY

Of paramount importance is the hospital's milk supply. In saying this we do not minimize the importance of supplying good milk to the general public. But in hospitals where milk is the food *par excellence* of the acutely sick patients, especial effort should be made to see that the supply is of the highest grade of purity and possessing a good butter fat content.

The rules which apply to milk production issued by the most efficient health departments in the larger

cities, should, of course, apply to milk used in hospitals in towns, that is to say, such as refer to the health and cleanliness of the cows, the sanitary condition of the stables, the health and cleanliness of the milkers, the sterilization of the utensils—pans, pails, cans and bottles—in which the milk is received, transported, stored and delivered; the constant (if possible) refrigeration of the milk, and its pasteurization and subsequent cooling are also most important matters requiring attention—though difficult to carry out, in many instances. Of course, all the larger cities are provided with pasteurizing plants, thus affording the hospitals an opportunity of obtaining pasteurized milk. Not so the smaller cities and towns. But, in time, the custom will become general. If the dealers do not pasteurize the milk then the hospitals should.

The Hospital for Sick Children, Toronto, after securing as good a milk as possible, pasteurizes it on the premises. Its example may well be followed by hospitals generally.

To keep the milk properly cooled, the product may be kept in a refrigerated room. The plan adopted by Mr. I. B. Draper, of the University Hospital, Ann Arbor, might well be followed. Interested readers may procure from Mr. Draper a description of his simple plan. The milk is poured into oblong cans of varied sizes, which are placed in water kept nearly ice cold. Although the cans are provided with faucets, it is considered better to dip the milk, stirring it first so as to obtain a uniformity of fat content in the various distributions.

CERTAINTIES IN CANCER RESEARCH

It is never amiss to report the latest finding and resultant opinions of cancer experts, since in this country at least the grim disease continues to exact a heavy toll.

Frederick Hoffman, an expert Insurance Statistician of New York, states that the cancer death-rate for six American cities, New York, Pittsburg, Baltimore, Chicago, Philadelphia and St. Louis, was 89 for each one hundred thousand of the population for 1913, against 83 combined average for the previous five years. In the province of Ontario cancer continues to take a high toll of life, showing marked increase last year and ranking third as the most active cause of death, heart disease and tuberculosis taking respectively first and second place. It seems quite conclusive, therefore, that there has been a considerable increase in the cancer death-rate during the past year.

A conference on the control of cancer was held in New York in April, in connection with the International Congress of Surgeons, at which eminent experts discussed the disease in its latest and present day phases. At this meeting Dr. Hoffman, speaking from the economic viewpoint, urged the enormous value of a national public education, teaching the importance of the earliest possible medical and surgical treatment.

Dr. Francis Wood, of the Cancer Research of Columbia University, gave a summary of present-

day certainties regarding the disease: That there are many varieties of cancer, some rapid and fatal, others so slow as to be almost harmless; that one kind of cancer goes throughout the body, and another kind spreads through the tissues in small channels, known as lymph channels; that the only way to cure one of the bad varieties is to cut it out at the earliest moment; that every cancer which can be operated upon must be so treated, and no operable cancer should be treated by radium; that radium does not permanently cure internal cancer; that we have learned nothing about the real cause of cancer or its actual nature.

Other points were definitely allowed at this gathering of experts; that special irritation is productive of cancer, and must be prevented or reduced; that cancer is really cured in its incipiency by operating; that some plan of frequent medical examination should be formulated by which the incipient stage can be made known to the patient; that radium treatment holds promise of great value in the cure of cutaneous cancer only.

Dr. William Mayo gave a résumé of the experiments and research work that is being carried on, not alone by such organizations as the Harvard Cancer Commission and other special research endowments, but in many other laboratories not dedicated solely to the work. Much valuable investigation is going on in these which is not always discovered, and Dr. Mayo suggests that the Society for the Control of Cancer should become a "clearing house of information." His

closing words were: "The real cause of cancer and the ideal method of treatment is yet to be found, and no study of the subject that is honest and based on sound general principles is to be disregarded. I am strongly of the belief that the scientific commission and the research hospital have entered upon a field of work which is progressing slowly but surely forward. It is hardly to be expected that the cause of the cancer will be immediately discovered. It is far more likely that the knowledge of this disease will be built up little by little. One man making a contribution here, another there until the whole structure of knowledge rises above the darkness and mystery in which we are now struggling and permits a clear vision over a wider field in which the desired control of cancer is an accomplished fact."

A COMMENDABLE REPORT

THE recently issued annual report on the hospitals and charities of Ontario for the year 1913 is a blue-book well worthy of perusal by all classes of citizens who are interested in the institutional and charitable work of the Province of Ontario.

It is regrettable that a volume of such educative value should reach only the few, instead of being for the time a handbook for all residents within the Province. It would be well if some plan could be evolved by our educational authorities by which governmental reports such as this, at least for an interval following

their issue, should become a school handbook for study and discussion in advanced grades. One such blue book taken monthly, to be read and discussed by teachers and pupils, would constitute the best possible education in civics for advanced and graduating classes of young Canadians.

The suggestion is worth the consideration of educational heads.

One of the surprising revelations of this Hospital and Charities Report is the splendid activity of Ontario province in this direction of public work, as shown by both the increase in hospital facilities, and the large sums contributed to their support, from public funds.

Twenty years ago there were 34 hospitals in Ontario. Ten years ago there were 61. This year shows 89 with others in process of building. In 1893 over $321,000 was the total hospital maintenance expenditure for the province. In 1913 it totalled nearly $2,000,000, a proof, not alone of liberal public expenditure, but also of increased cost of upkeep.

Ten years ago there was but one consumptive sanitarium in the province. To-day there are 12. In addition to the public hospitals there are 57 private hospitals and 3 hospitals or homes for incurables. During the year ending September 13, 1913, nearly 70,000 patients received treatment in the hospitals, and 4,058 deaths occurred. The total amounts expended during the year on hospitals was $3,155,000, of which amount the Ontario Government granted $232,000; the large local municipal grants plus pri-

vate donations and endowment making up the remainder.

It is most creditable to the progressive spirit of Ontario Province to mark the rapid increase in the number of hospitals recently erected in its towns. A few years ago, in order to secure hospital treatment it was necessary to send patients to the city. To-day the majority of Ontario towns of any size have hospitals of their own, whose architecture and equipment are matters of pride to the local citizens.

There was much doubt expressed at first whether general hospitals in towns could be sustained; but Dr. Bruce Smith reports that no public hospital in Ontario has yet been compelled for lack of support to close its doors, and in many places where doubts were at first expressed in this matter, experience has demonstrated that it is now looked upon as a necessity in nearly every county.

Dr. Smith speaks of the need of having reception hospitals for nervous and mental diseases established in Ontario cities, in which psychiatric clinics can be carried on, as on the continent and in some of the United States cities. To-day, when this class of disease is receiving so much attention and research, Ontario must make provision for the treatment of it in her splendidly progressive hospital system.

The Province of Ontario has much to mend, much to strive for; but this report of the Hospitals and Charities must be a source of just pride both to the citizens and the department under which the work is carried on.

HOSPITAL PENSIONS

An important departure in hospital economics was put into operation on May 5th last by the Board of Governors of the New York Hospital, in the adoption of a pension system for its employees.

The question of pensions—with its many-sided interests and aspects, has long been a matter of public debate. So much of social and financial responsibility is involved in the system that the thinking public has been largely divided as to the desirability of its final issues.

The rapid development of national social consciousness in the past few years has brought about a fairly general opinion that, under present unequable economic conditions, the general adoption of the pension system is, if not altogether desirable, at least the best way out of much social injustice.

Such a system exists in some form under most of our civilized Governments, also in a steadily increasing number of our large corporations and industrial institutions. It belongs to the New York Hospital, however, to be the first to establish such a system in connection with the general hospitals.

"As far as I know," writes Dr. Howell, Superintendent of the above institution, "this is the first private hospital to adopt a comprehensive plan. Pensions are provided for all grades of employes in its four institutions, viz., the New York Hospital, House of Relief, Bloomingdale Hospital and Campbell Convalescent Cottages. It is our belief that the hospital

will be benefited, in that we should secure more permanent and better trained employes.

"The burden imposed on the society will not be as great as superficial consideration would indicate for the number of employes who will be eligible for pensions is not very large. The conditions of service in several of the departments, particularly in the nursing department, are such that there is bound to be at all times a pretty rapid shifting of employes. The employes are not asked to contribute to the pension fund, the entire expense being borne by the society."

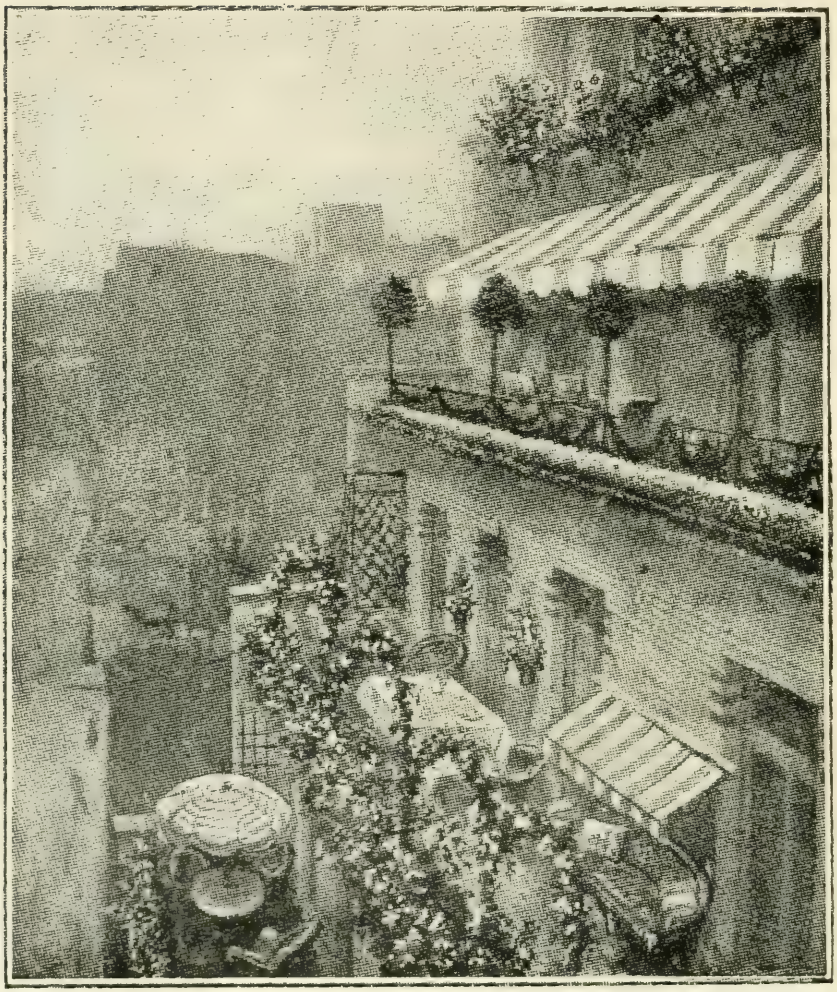
Dr. Howell's last sentence contains a statement that impresses itself as being unusual in the majority of pension schemes. Much of the objection offered to the system in general arises from the unwilling exactions of a monthly percentage of their earnings from the proposed beneficiaries, who realize that they may never be able to avail themselves of the pension to which they are contributing.

In view of the fact that hospital employes are notedly an underpaid body, and consequently, prone to frequent change, the Governors of the New York Hospital are to be congratulated on a step that will undoubtedly help to retain the better class of employes.

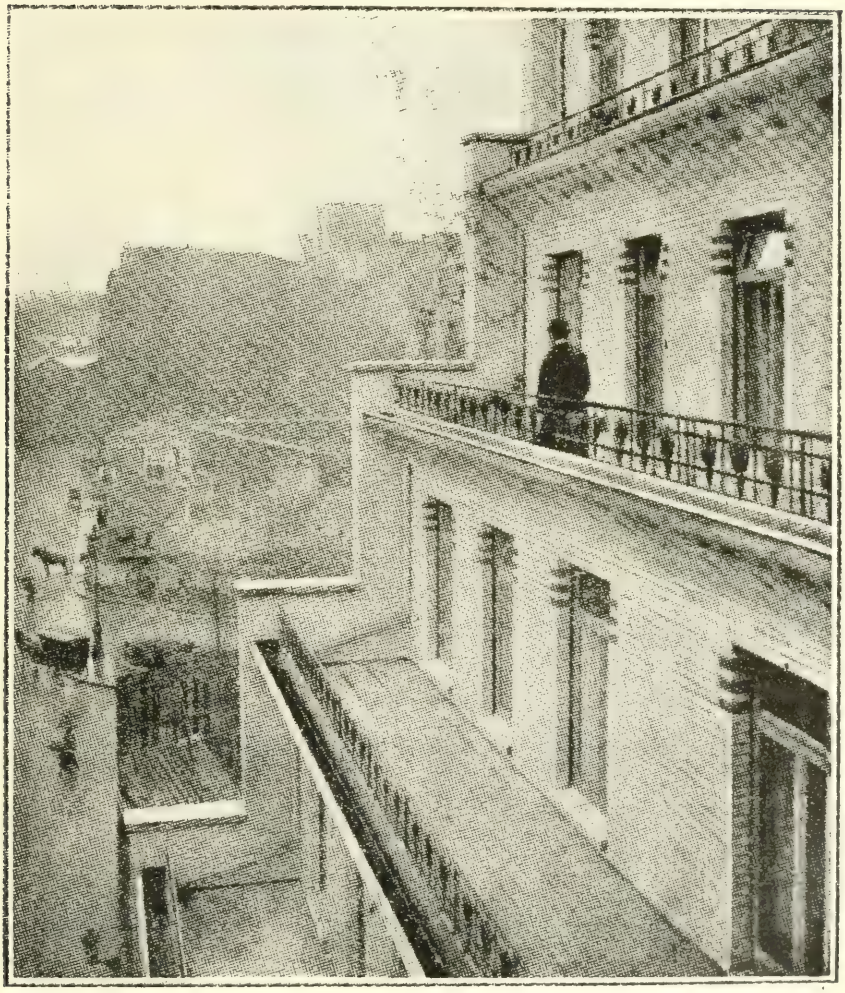
The details of the new pension system, as formulated by the governing body of the New York Hospital will be found on another page of this number of the WORLD.

INSPECTION OF WELLESLEY HOSPITAL BY HIS ROYAL HIGHNESS THE DUKE OF CONNAUGHT

To succeed His Royal Highness the Duke of Connaught, in his office as Governor-General of Canada and, even in a measure, follow his splendid example of unending courtesy and genuine interest in everything in its cities that pertains to the comfort or uplift of their citizens, or to the help and relief of the less fortunate among them, would indeed be a task. His Royal Highness we can only humbly place in our estimation among the Immortelles. He accomplishes without apparent weariness Herculean tasks, his impromptu speeches containing often words of pleasant memory of his former visit. It was in such gracious terms that he spoke of the day when he had the opportunity of opening the Wellesley Hospital. He spoke of the few magic touches that had since been given to it, and then amid its grand old trees, that have kept sentinel watch through all the years, he planted a maple, straight and true, a real young Canadian sapling. Mrs. J. C. Eaton presented the silver spade, the band played, the sun shone, and the many guests, who had been bidden by the President and Directors, enjoyed tea on the lawn, with the air full of the scent of Spring flowers.



The Step House, Paris (referred to editorially in our June issue.)



The Step House, Paris (referred to editorially in our June issue).

Original Contributions

HOSPITALS

By Rev. Geo. C. F. Pringle, Collingwood East, B.C.

There need be no apology for any attempt, no matter how inadequate, to enlighten ourselves on our hospital systems. The whole wide subject of the cure and prevention of physical ills is of great interest to us always, and at certain times in everyone's life it becomes one of supreme and vital importance. We have not lost nor can we afford to lose sensitiveness to the cry of our sick and suffering ones. The high humanitarian standpoint takes no account of dollars and cents or even of its own life when the need demands it. May it ever be so. On the other hand, while economy must be a secondary consideration, it should be, in its proper place, most carefully considered. Mercy and economy are not opposed, but are harmonious. With right economy and efficient methods your mercy and sympathy will reach and help more of the needy.

We hear much of conservation of natural resources; a fine idea with splendid results to its credit. Should we not also be deeply concerned with conservation of human life when we realize the immense loss of national wealth resulting from disease, debility and death.

Hospitals are found in every civilization no matter how ancient. In Egypt and Greece the custom of laying the sick in the precincts of the temples was a national practice. Buddhists and Mohammedans had their hospitals, some of them free to all believers. The renowned Emperor Asoka, who lived about 260 B.C., built several in Hindustan. One still remains at Surat. Plato states that the Greeks supported houses with attendants for the sick. Fabrola, a rich Roman lady, built one at Rome as an act of penance in the fourth century A.D. In 660 the Hotel Dieu of Paris was built, and is probably the oldest in Europe outside of Italy. In the early part of the eleventh century the connection between monasteries and hospitals became more evident. The Crusaders marked the route of their pil-

grimages with such institutions. Though the hospital cannot be claimed as a direct result of Christianity, unquestionably its congenial altruistic soil permeated with the teachings of the Good Samaritan gave the movement an unprecedented vigorous development.

It is, however, within comparatively recent times that the public have come to look upon hospitals in the proper way. We can remember our youthful notion that the hospital was the place to which you went when your case was hopeless. The solemn phrase, " They had to take him to the hospital," seemed like a death-knell.

It was not until the commencement of the eighteenth century that any towns outside the great cities began to build hospitals. In 1700 twenty-three English counties had no general hospitals. London itself at that date was dependent mainly upon St. Bartholomew and St. Thomas. The last hundred years has seen an immense increase in charitable buildings. There is hardly a place of five thousand people in Canada which has not access to a local or neighboring hospital. The style of building, service and equipment have pretty well kept pace with the general advance. A generation ago hygienic and sanitary conditions were not observed. Methods of treatment were crude. There was a depressing hospital atmosphere, literal and figurative. There was overcrowding and woeful lack of system. The mortality was forty per cent. We are not surprised that people went to the hospital as a last and desperate chance.

We now look upon the hospital as one of our noblest institutions. We are afraid of it no longer. It is " the best place to be when you're sick." " You are safer there than at home." It is the temple of healing and of comfort where kindness, knowledge and skill unite in a more and more successful warfare upon all forms of weakness and disease.

In closing this historical part, let me quote a few lines, descriptive of the Toronto General Hospital of fifty years ago: " The site is pleasant and the rooms spacious and airy. The main building is one hundred and seven feet long and sixty feet wide. There are two other buildings much smaller in size. The number of patients may be said to generally average about one hundred. The institution receives an annual Parliamentary grant of nearly four thousand dollars. Persons laboring under

all forms of disease are admissible. The staff, of which there is one to every ten patients, is housed in the hospital." The present hospital cost four and a half million dollars. Two hundred houses had to be removed from the site. It covers nine acres. It has beds for seven hundred patients, costing an average of $5,000 per bed. The main structure is over six hundred feet long, and there are several wings. The Nurses' Home has accommodation for two hundred nurses. It has a beautiful reception room, a dining-room of magnificent proportions, a library and lounging-room, a garden and tennis courts. Remember, too, that Toronto General is only of moderate size. The Polyclinic at Rome covers forty-five acres and contains one thousand beds. Berlin has one sixty-eight acres in area, with fifty-three buildings containing one thousand six hundred and fifty beds for patients, and five hundred and fifty more for staff. It cost about $2,500 per bed for patients. The Eppendorf at Hamburg covers sixty acres and accommodates two thousand patients.

The large modern hospital may rightly be called a miniature city for the sick. In many ways they are as self-contained and independent. They have, besides the usual requirements, their own large and costly light, heat and power plant, laundry, machine shops, chapel, morgue, gymnasium, bath-house where all sorts of baths can be given, animal-house, ice-house, water-tower, filtration plant, refrigerator plant, disinfecting plant, parks, play-grounds and gardens, wonderful sanitary kitchens, homes for nurses, employees and staff, and everything elaborate and up-to-date.

I shall turn now from description to criticism, not criticism so much as indication of lines along which progress is already being made. First let us consider the question of cost. None of us would refuse the best conditions needed to effect the speediest cures, but the thought of economy should not altogether be banished. Councillor Peck, of Cincinnati replied to the New City Hospital Commission as follows: "It is high time to call a halt upon this extravagance with public funds. Your institution will cost $5,000 per bed. When we reflect how few families of several members each can afford a $5,000 residence, and that you have provided accommodation at the rate of $5,000 for each patient, the extravagance of the proposition

is apparent." I would rather say it *seems* apparent, because the experts may be able to give a good reason. The burden of proof rests on them, however. For three or four thousand dollars I think I could build a nice little individual hospital for myself, and have enough besides to pay a doctor and a nurse or two for attention during an average sickness. Hospitals should not be built, as they were at one time, to last two or three centuries. So fast does science advance in all departments that a complete readjustment and much reconstruction is inevitable to a progressive institution every score of years. Our neighbors to the south used to be criticized because it was claimed they did not build their locomotives as solidly as those of British manufacture. The American builds with the idea that new inventions will in a few years make it expedient for him to break up his engine and build a new one. I commend this thought to hospital boards. It tends to greater elasticity, efficiency and economy, and these qualities, rather than massiveness and beauty, constitute the essentials.

Hospital architecture is debatable ground even for the knowing ones. I would judge, however, that the wise architect would not endeavor after visual impressiveness, but the production of buildings so grouped and planned internally that they will lend themselves readily to that great object of all hospitals, the cure of the sick. Fresh air, light, and good sanitation are essentials. Noiselessness is now rightly considered almost imperative; therefore there should be spacious grounds to avoid street noises, and deadened walls and floors to make it quiet within. In the general plan the grounds should be large, but the modern hospital architect should not be tempted thereby to have the buildings too widely separated. The " Corridor Plan " impresses me most favorably, where covered connecting ways with rapid and easy transit by electric car and elevator are provided.

The sphere of the hospital must be enlarged. For one thing there should be no separation between hospital and asylum. An asylum patient may be no more crazy than a typhoid patient and may be much more easily cured. Wise medical treatment or a simple surgical operation, like extracting a bad tooth, will often cure mental derangement. Again, why should a stigma attach to the lunatic and none to the tuberculosis patient?

There should be no difference in that way. Both should be treated as persons whose normal functions are deranged and every effort used not simply to house but to cure them. Psychology must be considered as a division of therapeutics. Mental and physical conditions are inseparably related and the treatment of either one involves the other. It is all hospital work and should not be separated in locality or management.

The hospital as an institution should engage in social service. In countless cases a patient goes out cured and suffers a relapse because the home conditions which caused the trouble in the first place are still unchanged. If his home were visited by a skilled worker and practical instruction given as needed in making environment healthful, what a splendid service would be rendered to this noble cause. Carry the war into the enemy's country against conditions that kill and cripple men, women and children, not only in homes but in factories, stores and offices. It would pay.

This suggests indeed that the hospital sphere is not only curative but preventive. An ounce of prevention is worth a tank of medicine. The most famous example of this is found in the Panama Canal Zone. A district that was credited with having the most deadly climate in the world has actually been transformed into a health resort. The methods followed were almost wholly preventive. Instead of trying to cure yellow fever they killed off the mosquito that spreads the disease. The death-rate there is now lower than the cleanest of our Canadian and American cities, and all because of careful preventive sanitation. The hospital preventive work must be of two kinds, namely, educative and coercive. It should be affiliated with a fully developed university. Better to have them both under one Board of Control so that policies would be in unison. The medical colleges and nurses' schools should be sub-departments of the hospitals. Then it should educate not only its nurses, medicos and employees, but deliberately and systematically educate its patients and their families in the care of their bodies. It should go further. It should educate the public by hospital extension—lectures and demonstrations. It should demand of our public men that they remove any business or conditions of life hurtful to public health, the public men having the right to

ask of the hospital that it furnish the scientific data to convince the electorate that the reform is needed.

I would give such an institution coercive powers. Its trained and accredited social service workers under proper supervision should have the authority of officers of the law. Thus they could speedily correct many unwholesome conditions that instruction alone would not change for years.

The " home " of the hospital should be in the country, with receiving and emergency branches in the city, and good ambulance service. Fine examples of this are seen in the Eppendorf, the Virchow, and the Rixdorf Hospitals, while the wrong location amid the din, dust, and impure air of a city is exemplified in St. George's, Westminster, Charing Cross and others in London.

The administration should be in the hands of one person, with a corps of capable heads of departments. The hospital should not be dependent upon outside physicians, but should have its own staff of experts to treat all patients who are not in charge of any other physician, and to do research and instructive work.

Lastly I speak of a very important matter, the financing of the hospital. This has to be settled before anything of much account can be done in other ways. Hospitals always seem to be " hard up." They make heroic but fantastic and humiliating efforts to fill their coffers. The Hospital Sunday is the most dignified method, but there are also Hospital Balls, Hospital tag-days, percentage sales in stores, etc. The voluntary system is doomed. Its death and burial are coming nearer every time the public is "tagged." We are becoming ashamed, for example, that a grand philanthropy like the Tranquille Tuberculosis Sanatorium in the Province of British Columbia should have to peddle pencils at Fall Fairs in order to eke out a precarious and crippled existence. The remedy is evidently a comprehensive Government Hospital System. This is not a new idea. Continental hospitals are all state institutions. We have inherited the " Voluntary Idea " from England, described by Dr. Osler as " antiquated." Dr. J. N. E. Brown, of Detroit and Toronto, says, " There is no question in my mind that the easier and better method of raising money is to get all you need from all of the people, rather than a part of what you need from

a few of the people. At the time of our visit to London a committee from the leading voluntary hospitals was interviewing the Chancellor of the Exchequer and showing how his Insurance Bill might lead to the closing of the hospitals. The Chancellor's reply was significant. "The Government," he said, "cannot allow the hospitals to be closed!"

The Government, representing the people, are responsible in the last analysis for providing hospitals. Why, then, not take over the institution and run it to suit the people for whom it exists. Let the people own and control their hospitals and they won't grudge the funds taken from the general taxes to run them. Our Canadian municipalities, Provinces and Dominion should get together and initiate a complete and comprehensive system of hospitals including poor relief and social service, so that no district, city, country or frontier would be neglected, as so many of them are now, in a grand movement to conserve the health of our people. We have our Education Department, our Post-Office Department; why not have a Government Social Service Department to include all that I have endeavored to show should be included in the term hospital? Let the whole service be free to rich and poor alike. Let the rich build their private hospitals, if they wish, out of their own pockets, subject, however, to Government inspection. If it were understood that the wealthy would still have to pay their regular taxes for the Government Hospitals very few private institutions would be built. The largest ones at present existing could be taken over if it seemed wise by the state. Any good provincial public school system (such as that in B. C.), should furnish proof enough to a Canadian that the same theory would apply successfully to hospitals. Free government hospital treatment for the sick would not pauperize them any more than public schools pauperize the parents of the children that attend them. The people would quickly realize that they are paying for their hospitals just as they now are paying for their schools through the taxes. Scores of struggling hospital boards would rejoice if such a scheme were in prospect. I believe thoughtful men and women everywhere would heartily support any statesmanlike effort towards a National Hospital System.

KING'S COLLEGE HOSPITAL

Near the centre of Dickens' land in London, a few moments' walk from Lincoln's Inn Fields, facing which is Mr. Tulkinghorn's house, the Sloan Museum and the Museum of the Royal College of Surgeons, a short distance from the Old Curiosity Shop, not far from the dust of Goldsmith and Lamb and the Crusaders of the Temple Church, stood old King's College Hospital. It was here the immortal Lister did his work of such untold value to the nations of the world and for generations yet unborn. This locality was one of the plague spots of the city in the year 1666, the horrors of which are so vividly related by Pepys and Evelyn in their interesting diaries.

The north side of the Thames is fairly well supplied with hospitals—hospitals whose origin takes us back to the days of Queen Anne, to the days of Henry VIII, and even to the time of King Stephen. But on the south side—over in the Borough—a teeming population exists with comparatively few hospital privileges.

So when old King's became too antiquated and too crowded and its site too valuable to be continued advantageously as a hospital in that part of the metropolis, the authorities, after casting about for a site where the most good might be expected to be accomplished by serving the largest number of needy people, and for a site not too costly, secured twelve acres at the corner of Denmark Hill and Bessemer Road and within the past three years has been erected a magnificent group of pavilions for the care of the sick, said to be the last word in hospital construction in Great Britain.

The site comprises twelve acres; the present buildings occupy three and three-quarter acres of this, and the completed buildings will occupy four and a half acres. The main ideas governing the general plan are centralization and radiation, the guiding principle being the most desirable aspect for the patients, accessibility, and the most suitable gradients to allow patients being quickly conveyed to any department with avoidance of stairs and contact with administration departments.

* Condensed from the January number of the **Hospital Gazette.**

The hospital when complete will accommodate six hundred patients with three hundred nurses and other staff numbering one hundred. There are over two miles of electric mains and sub-mains the electric lamps make a total of 93,608 candle-power. The heating requires eighteen miles of steam piping and more than one thousand radiators. The hot water service takes seven miles of piping.

King Edward VII laid the foundation stone, June 20th, 1909, and the opening ceremony was performed by His Majesty King George V, accompanied by the Queen, on July 26th, 1913.

The administration building contains the usual administrative offices and provides a home for the nurses. Near the nurses' entrance is a cloakroom and washing accommodation for the nurses occupying the top floors.

The bedrooms are twelve feet by nine feet, and some of them have fireplaces. Those without fireplaces are provided with an aspirating flue. A wardrobe and wash basin are provided in each room, and there is a fan sash over the door. The sash windows are reversible, and there is a very deep bottom rail which allows ventilation at the meeting rail without bottom draft. The walls are distempered and there is a picture rod around each room.

The white enamelled cast iron baths are supplied by separate hot water cylinders which provide fifteen gallons of hot water at one time, an arrangement which tends to the prevention of waste of hot water.

Hair washing rooms and boot cleaning rooms are also provided.

Corridors are well lit by occasional open lobbies to external walls to provide fresh air and light.

Sufficient air is warmed by radiators in the corridors to allow of transmission to some of the bedrooms through the fanlights over the doors, the air being extracted through gratings near the floor levels.

The kitchen is centrally located. It has a concrete monolithic roof. Four diet shafts convey food through ducts to the various levels of the main corridor, whence it is wheeled on trolleys to the several wards. The doors are exceptionally wide so as to allow food waggons to pass through readily. They

slide on runners. Alongside the kitchen are the larders. The galvanized iron sinks of the sculleries have teak tops and draining boards, and above them are Lintern's plate racks.

A portion of the yard outside the receiving-room is covered to give protection in inclement weather while goods are being unpacked.

A room is provided for the charwomen, scrubber, brushes, pails, etc. There is also a separate room for the meals of these women. There is also a room for haberdashery.

From the power house is supplied the steam for heating the buildings, the destructor, the refrigeration plant, the electrical clocks, automatic telephone system, etc.

The out-patient department, casualty and bath establishment, and electrical departments are all near one another. In the casualty department there is a separate entrance for the recipients of serious accidents. The ward contains eight beds, separated from each other by glass-screened cubicles, to afford a certain amount of privacy. There is a separate entrance again for the very serious and unsightly cases. There are isolation rooms with separate external exits, and there is also a padded room.

Under the slope of the entrance there is a room for perambulators.

Observation rooms are provided on the second floor. The ward has been planned on the cellular principle, with the usual sanitary and nursing conveniences, so that the department is complete and self-contained.

The out-patient department is entered through registering offices, situated on two sides of the vestibule, to the large waiting hall (ninety-three by forty-two feet), with a buffet in the centre. The floor is asphalt, and the walls lined with terra cotta to a height of fifteen feet.

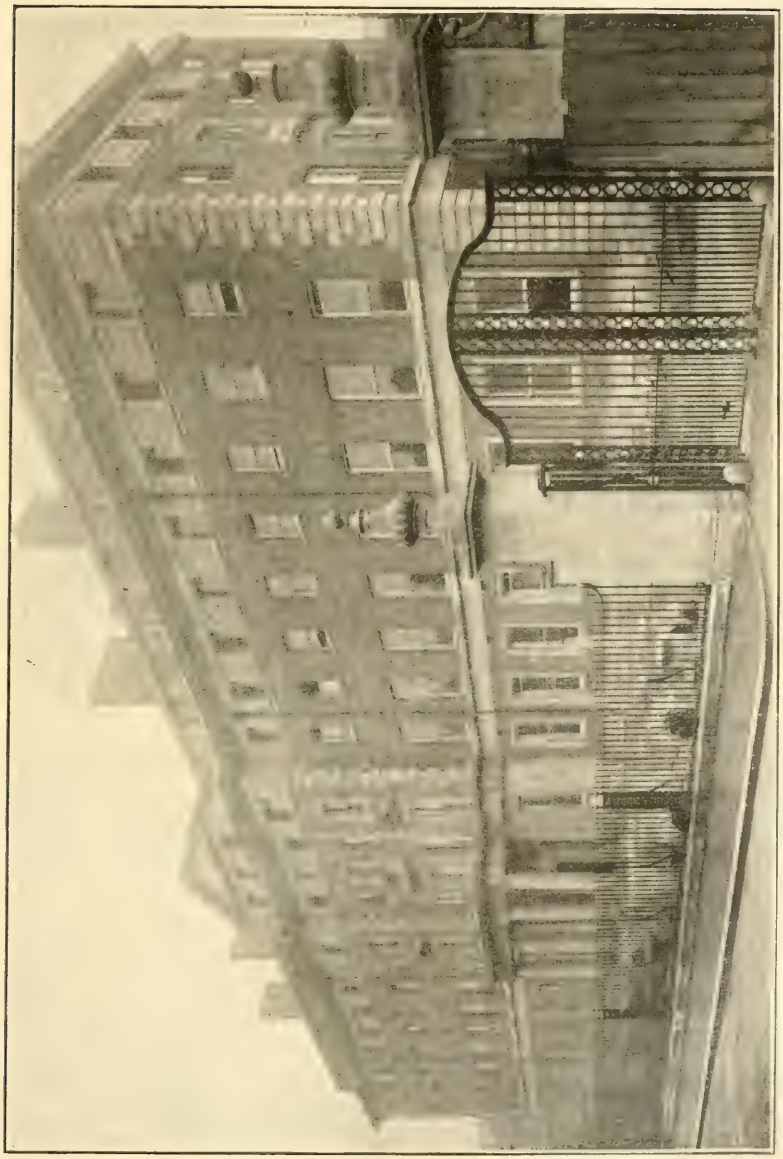
There are corridors on each side of this hall, from which access is gained to the various departments, the whole being arranged so that patients, having seen the doctor, do not retrace their steps to the waiting-hall. A dental department is provided upstairs. Beyond the waiting-hall on the ground floor is a gynecological department. From the side corridors access is gained, through a third corridor, to the dispensary waiting-

hall, next to which is the almoner's department, where the status of patients is investigated. Next the dispensary are the dispenser's apartments and a teaching laboratory, with various manufacturing departments and stores in the basement. The dispensary is connected with the main hospital corridor. The out-patients, having been prescribed for, proceed along exit corridors and assemble in a waiting-hall attached to the dispensary, provided with further lavatory accommodation.

The waiting-room of the children's department has a fireplace decorated with tiles depicting nursery rhymes. The undressed children awaiting examination are thus able to be kept warm. There are two undressing boxes, a weighing cabinet and special lavatories. Next the examiners' rooms is a dark room. There is a separate department for whooping-isolation room are provided with outer doors for the immediate discharge of an infectious patient. Attached to the room of the gynecologist is a large examining-room, in three bays, with six undressing boxes, so that one patient may be seen while others are being prepared. The boxes are approached by an independent passage, which also serves as an exit. Adjoining the entrance is a small pessary room.

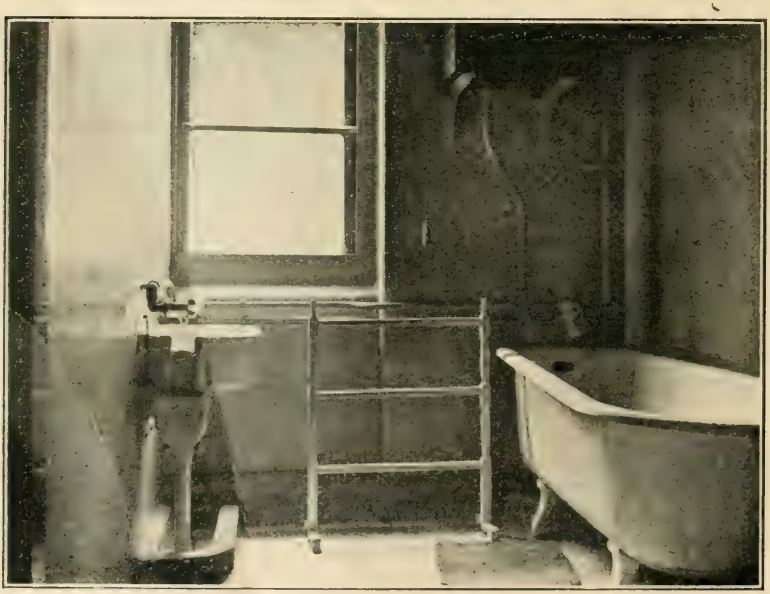
Entrance and exit to the medical section are provided for procession: the clinical assistant performs his duties in one room (two hundred feet super), off which opens the teaching room (four hundred feet super), which communicates with the consulting room (three hundred feet super), all having separate and distinct exits. Five small cubicle rooms occupy the remaining space. The exit is made to the corridor leading to the dispensary.

The surgical section is entered from the hall to a slip room containing four dressing boxes. The clinical assistant's room opens into the teaching room and to the dressing room, which serves both, the cubicles being divided in proportion. These rooms are so arranged that, although they inter-communicate, yet they each have a separate entrance and exit, and can be used for treatment as apart from teaching. All these rooms have direct lighting, both at side and top. The operation room lies adjacent, with an entrance to the waiting-hall. Here are provided a slip room for waiting, preparation room for patients,



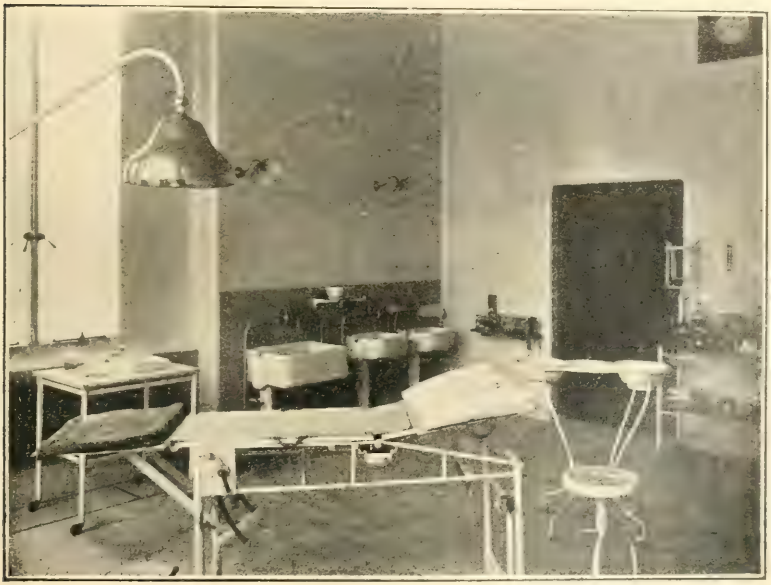
Administration Block, King's College Hospital, London, Eng.

Vestibule and Entrance Hall, King's College Hospital, London, Eng.

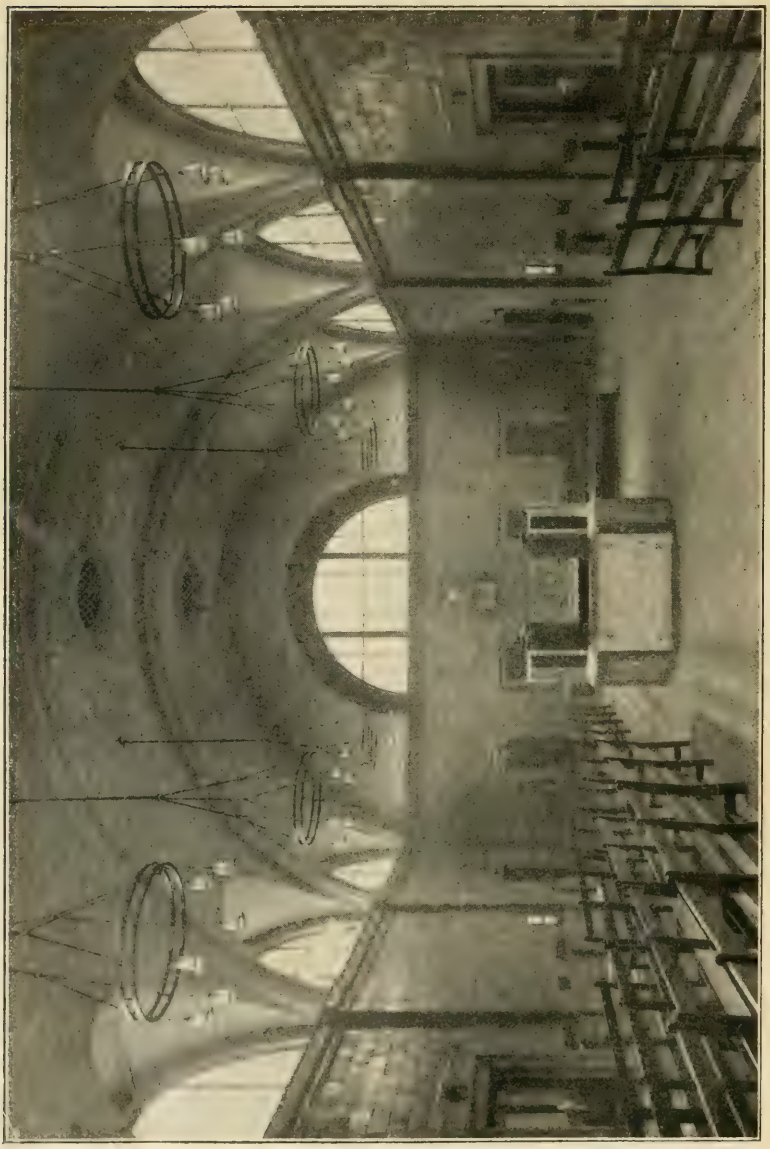


Nurse's Bath Room, King's College Hospital, London, Eng.

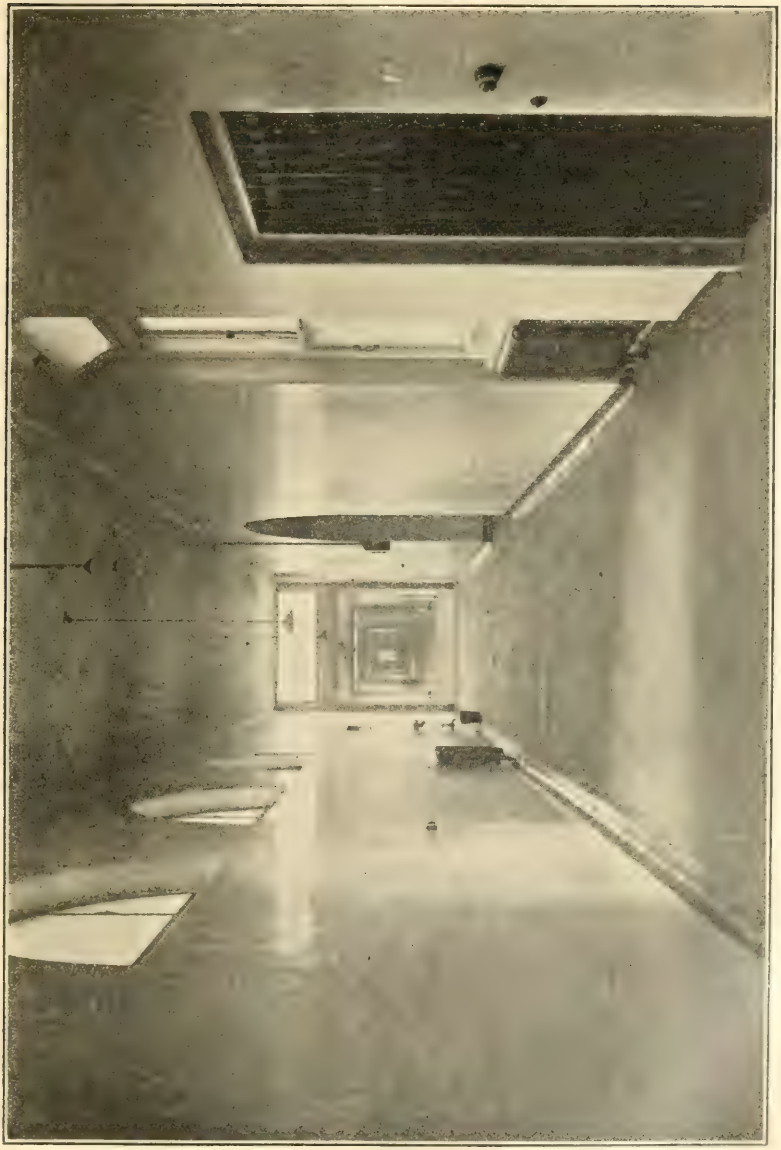
The Hardware Store, King's College Hospital, London, Eng.



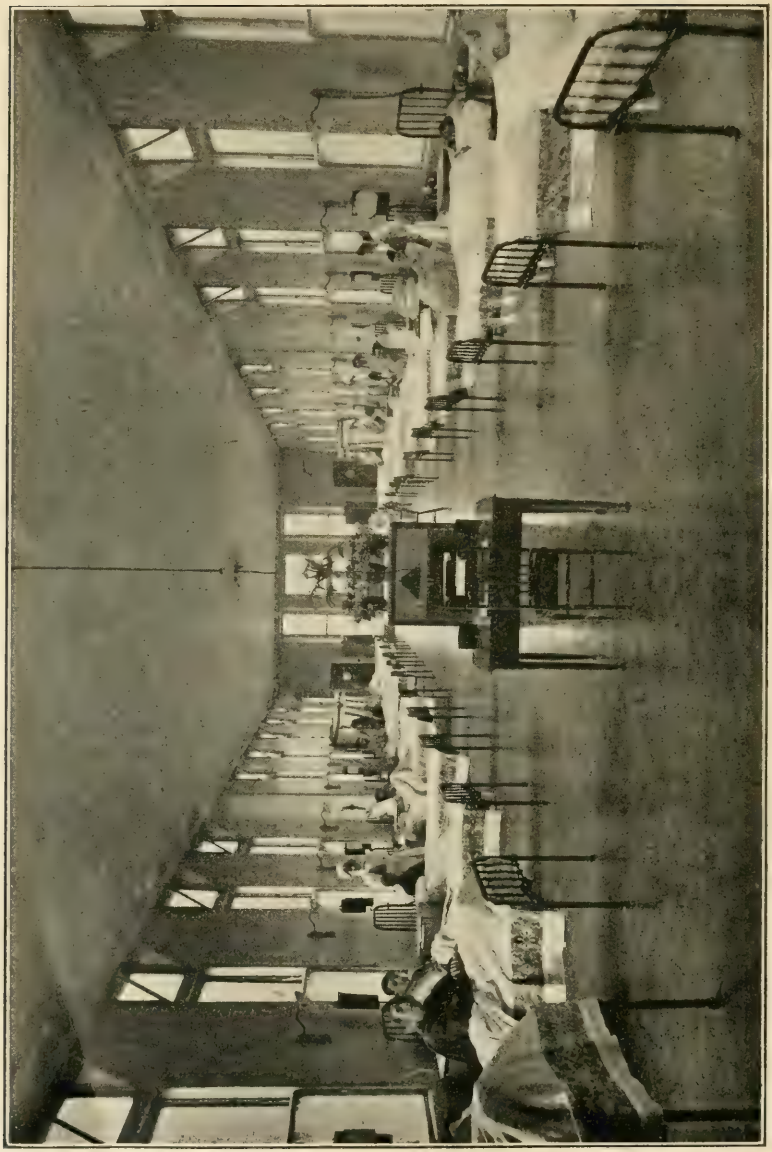
Operation Theatre, Out-Patients' Department, King's College Hospital, London, Eng.



Out-Patients' Waiting Room, King's College Hospital, London, Eng.



Part of the Main Corridor, 900 Feet in Length, King's College Hospital, London, Eng.



A Ward in King's College Hospital, London, Eng.

anesthetic and recovery rooms. This department is lighted on three sides and top.

The windows of the nose and throat department are glazed with deep orange glass, artificial light being used exclusively. On the sides of the consulting rooms are twelve stalls, with black Durato squares on the partitions for blackboards. In the pathological and teaching room there is a large Durato blackboard; a line is formed in Durato of a distinctive color, with a scale in feet and metres in the floor. The windows of the theatre are similarly glazed. They are provided with a flex-wood blind which may be used to exclude sunlight completely or as a sunblind. The recovery room has six basins, the waste pipes of which discharge into a long open channel in the floor.

The bathing establishment is common to the out-patient department, the casualty department and to the hospital proper. It will be used on alternate days by the sexes. It provides vapor, douche, spray, needle, alkaline, bran, sitz, cold and warm baths. Mercurial baths for arms and legs are contemplated. Lime and sulphur will here be used for the itch, the ceilings being painted so as not to show discolorations. No brass fittings are used here. Lavatories are provided.

There is also on the first floor an electrical, X-ray and massage department.

On the hospital side of the dispensary a hatch has been provided.

The electrical department is situated in the out-patient department, but serves the hospital proper, though considered from the standpoint of the former.

South of the main corridor project six ward blocks, between which will be grass, tennis courts and flower gardens. An air space is provided beneath all the wards. Fire escape stairs are provided for all wards. Two of the blocks are three storeys in height, and three of them two storeys in height. Each ward contains twenty-four beds. Between the wards and the corridor are the day rooms, ward kitchens, ward sisters' rooms, etc.

At the end of the main corridor, running north and south, is a two-storey block for eye, ear, throat and skin cases—four wards of fourteen beds each.

The wards are dissociated from the main corridors, and there is an air cut-off between the ward annexes and the ward proper.

The wards are twenty-seven feet wide; the floors are of ferro-concrete construction. All angles in floors, walls and ceilings are curved. The walls are rendered in Portland cement and finished with granite silicon plaster, wooden plugs being inserted where it is desired to place wall hooks.

The windows are of the austral pattern. One is provided on either side of each bed.

Hopper-hung fanlights are provided, and they are obscured to reduce sunrays. They open inwards and are provided with glazed cheeks. The blind, on patent hooks, is hung on the lower side of the fanlight. The windows reach from within a few inches of the top of the ceiling to within three feet three inches of the floor. An area of one square foot of glass has been provided for seventy cubic feet of space.

The warming is by radiant heat, supplemented by low-pressure steam radiators. The fireplace central Teale stoves, tiled, are dual, with descending flues fed by fresh air and distributed over the ward. Ventilation is further augmented by inlets and outlets over each bed, with hit-and-miss regulators. Behind the radiators air inlets are provided, a plate being arranged to direct the air upward. The inlet is bent in three straight lengths.

The sun-balconies have splayed sides in order to trap the sunlight. The floors are supported by light iron construction.

The sanitary towers are separated from the ward by air cut-offs. The windows and doors are provided with glass louvres in metal frames. Doors with panic bolts give access to the fire-escapes. Water-closets and sinks are in one tower. The bottoms of the doors and partitions are nine inches from the floor. Provision is made for warming the bed pans. Sinks and draining-boards are fixed away from the walls. The bed pan cupboard is provided with external ventilation. The walls of water-closets and bath annexes are built of glazed brick. Patients do not pass through the sink room. The bathtub is in the centre of the bathroom, and there is room besides for dressing purposes.

On the balcony of each lavatory is a galvanized bin for soiled linen. The porter carries it from here down the fire-escape. At the centre on each side of the ward is a lavatory for the staff with the usual accessories, and an instrument sterilizer.

A portable bath is provided. It stands in the cut-off lobby. The contents of the bath are discharged into an open gully.

Sinks, basins, slabs, sterilizers and electro-cautery are placed in a bay off the operating room.

The anesthetizing room is situated on one side of the bay, the surgeon's room on the other, each having a separate entry. The sterilizing room adjoins the operating room. On the opposite side students and spectators enter—eighteen can be accommodated. The floors are of Terrazzo, so are the gallery seats. The heating is on the panel system. Ventilation is by inlets at the floor level, and extraction by fans.

In the ophthalmic theatre there is a recess in the wall beyond the line of the window to permit of the patient being brought close to the light. Flex-wood blinds are provided here and in the throat and ear department as well.

A "blow through" is provided between all ward blocks to prevent air stagnation.

An isolation block is provided, upon the principle of the Pasteur Hospital, Paris, improved by providing for direct cross ventilation by keeping the nursing corridor at a lower level than the wards, the space above being open. Friends visit the patient by outside access on verandahs, which are also available for nursing and removal of evacuations. The duty and sick-room are central; here the utensils are sterilized. The patient is bathed in his cell.

A medical school with pathology department and chapel are provided, and also quarters for the chaplain.

The floors of the in-patient department are mainly of Durato. One ward has linoleum. The main corridors are of asphalt. The sanitary compartments have Terrazzo. The bedrooms and corridors of the nurses' home are of linoleum.

The out-patient department hall floors are asphalt, but the consulting rooms are Durato.

The walls are finished in Paripan.

All the architraves of doors are formed in plaster wrought on iron frames and rounded. All door furnishings are of aluminum alloy, which will oxidize, but requires no polishing.

Each door lock in the nurses' home and domestic quarters has two keyholes. One is for master. If a door is locked inside and the key left in the lock, the door can be opened from the outside.

A glazed porthole is made in the centre of the doors of the lavatory block at a convenient height.

The step and dado of some of the staircases is Terrazzo; the balustrades of others are formed of Bickley's "Black and White" composition, having a fine red, polished surface.

Inter-communicating systems of telephones are installed, and also synchronized clocks.

The radiators are placed in chases in the reveals of the windows, the chases being covered with removable cement covers. The radiators swing out from the walls, to allow cleaners to get in.

Poison cupboards are made of polished teak and have a pull-out ledge at the bottom. Under all solution jars are troughs to catch the drip.

All taps are porcelain enamelled.

(A description of the engineering department will be given in our next issue.)

Selected Articles

PENSIONS

THE Board of Governors of New York Hospital, at a meeting held May 5, 1914, adopted the following pension system:

1. The term "employees" used in this resolution shall include all persons in the regular service of the corporation, and receiving compensation for such service. Employees shall be divided into two classes:

To the first shall belong the Superintendent of the Hospital, the Medical Superintendent of Bloomingdale Hospital, the Secretary and Assistant Secretary, the Assistant Treasurer, and all persons regularly employed in the bookkeeper's departments at the General Hospital or in Bloomingdale.

To the second class shall belong all other employees of the Hospital.

2. All employees of the second class who shall have attained the age of sixty-five years shall be retired, and if they have been in the continuous service of the Hospital for fifteen years preceding such retirement they shall be eligible for pension.

3. All employees of the first class who shall have attained the age of sixty-five years, but who shall have been for fifteen years or more preceding such retirement in the continuous service of the Hospital may, at their own request, or at the discretion of the Retirement Committee, be retired, and if so retired shall be eligible for pension.

4. All employees, either of the first or second class, who shall have attained the age of sixty years, and who shall have been twenty years or more in the continuous service of the Hospital, may at their own request or at the discretion of the Retirement Committee be retired, and if so retired shall be eligible for pension.

5. Any employee, either of the first or second class, whose term of continuous service has been thirty years or more, or whose term of continuous service has been twenty-five years or more and who shall have attained the age of fifty-five years, may

on request or at the discretion of the Retirement Committee be retired, and if so retired shall be eligible for pension.

6. Pensions when allowed shall be at the following rate except as in special cases may be otherwise ordered by the Board of Governors, viz.:

(*a*) The minimum amount hereafter to be paid by the Hospital as a pension shall be $15 a month, and maximum amount $125 a month.

(*b*) The pension allowance for any employee, either of the first or second class, to whom a pension shall be allowed on account of age or length of service shall be as follows:

For each year of service an allowance of one per cent. (1%) of the average monthly pay received for the five (5) years preceding retirement. To illustrate, an employee in the service for thirty years and receiving an average salary of $100 per month for five (5) years preceding retirement would be entitled to thirty per cent. (30%) of $100 or $30 a month.

7. Pensions if allowed shall be paid monthly during the life of the pensioner, provided, however, that the Hospital may withhold a pension for any cause sufficient in the judgment of the Retirement Committee to warrant such action.

8. Acceptance of a pension shall not debar the pensioner from engaging in any business which in the judgment of the Retirement Committee is not prejudicial to the interests of the Hospital.

9. Suspension or dismissal of an employee followed by reinstatement within one year, or the temporary laying off of an employee on account of reduction of force or leave of absence on account of sickness of the employee, or for other causes approved by the Retirement Committee, will not be considered as a break in the continuity of the service, but the Retirement Committee may in its discretion require that such loss of time shall be made up.

10. No assignment of pensions not then due and payable will be permitted or recognized under any circumstances.

11. Any employee who shall be entitled, under the foregoing provisions, to apply for retirement and pension, shall file an application therefor with the Superintendent, who shall forthwith transmit the same, together with such particulars as to the

service of such employee as the Retirement Committee from time to time or by general regulation may require; and the Retirement Committee shall thereupon with all convenient speed pass upon such application, and if in their opinion the employee so applying is under the terms of this resolution eligible for a pension, and a pension should be granted, they shall certify to the Superintendent that such pension has been granted and the amount thereof, and thereupon such employee shall be entered upon the pension list of the Hospital, and it shall be the duty of the Superintendent to notify such fact to the Treasurer of the Hospital in writing.

12. The Retirement Committee shall have the right to refuse a pension to any employee upon his retirement, for any reason which in their judgment they deem sufficient. From such a refusal the employee may appeal to the Executive Committee, whose decision thereon when approved by a majority of the Board of Governors at any legal meeting of the same shall be final and conclusive.

13. Neither the passage of this resolution, nor any action taken hereafter by the Retirement Committee, shall be construed as giving to any employee of the Hospital a right to be retained in the service of the Hospital, except such right as may arise from the terms of his employment irrespective of anything in this resolution contained, nor any right or claim to any pension allowance; and the Hospital reserves to itself unimpaired the full right and privilege to discharge at any time any employee when the interest of the Hospital in its judgment may so require, without any liability for any claim or benefits or other allowances other than salary or wages due and unpaid. This resolution constitutes no contract of any kind with any employee, and confers no legal rights upon any employee, and this resolution may at any time be amended or repealed by the Board of Governors, and any amendment so made shall thereafter and so long as the same remains in force, govern all applications for pensions thereafter made. The repeal of this resolution shall put an end to the pension system hereby created in respect of every person then in the employment of the Hospital, but shall not affect the right of any pensioner then on the list.

14. The Retirement Committee shall have the right from time to time to pass such regulations as it deems wise for carrying out the provisions of this resolution.

The following Governors have been appointed as the Retirement Committee: Bronson Winthrop, Chairman; Henry G. Barbey, Cornelius N. Bliss, Jr.

The Executive Committee, at a meeting held April 14, 1914, adopted the following amendment to Executive Committee Rules, "Patients," by adding the following new rule:

20. When a bath of 105° F. or over is given for therapeutic purposes, a nurse or member of the House Staff shall be present and shall be responsible for its proper administration.

HOSPITALIZATION OF CANCER CASES

A CORRESPONDENT writes: "A certain New York hospital originally founded to treat cancer surgically has had an unfortunate experience in an attempted coalition with a certain university. Twenty beds were to be devoted to research under university supervision; but a sadly insufficient sum was given for their upkeep; and the hospital proper has been wrecked or nearly wrecked, in a violent effort to support them. As soon as the medical corps realized their private cases would not enter a cancer hospital, they sought places elsewhere. The lesson has been a sad and sharp one. No acute hospital can support a cancer department under its roof. Oil and water will not mix. Had they supported their surgeons and medical men all might have gone well; but the university people in an effort to overrule every department have worked for ill results. Public minds do not readily persuade themselves that there is no contagion in malignant cases. The nursing deartment has been a great sufferer."

Society Proceedings

SEVENTH ANNUAL CONFERENCE OF THE CANADIAN HOSPITAL ASSOCIATION

(Continued.)

Mr. John Ross Robertson: I am not competent, Mr. President, to discuss the problems that might confront Dr. Kavanagh, as given us in this very capable paper. I know something about Dr. Kavanagh. I knew when you had him on the programme you were going to have one of the brightest papers of this Association. I have met Dr. Kavanagh year after year at the American Hospital Association Conventions, and no man has ever stood up in that Association who is listened to with more attention than Dr. Kavanagh. This paper he has read to you is most valuable. It is one of the most valuable that goes into our records. It is of direct interest to every man and woman in this room, and it seems to me, if ever there was an opportunity for the lady superintendents here to discuss a question that interests humanity at large, especially the nursing profession, I think that this is an opportunity that should be seized. I think you should respond and give your views on the suggestion put forth by Dr. Kavanagh. I am sure there is no one more eager to hear the paper discussed than the Doctor himself. He is a man of very pronounced opinions and his opinions are held in the highest estimation, and I am sure that any discussion will not only be acceptable to him, but prove of the utmost value to those in this room, not only those in this room who hear the discussion to-day, but also to those who will read in the printed reports of the proceedings the discussions that will take place on this paper.

Dr. Clarke: I have listened to this paper with a very great deal of interest. Now it has touched on some subjects which are becoming actively of interest to us in Canada, although I do not think we have been as much disturbed in the nursing question up to the present as they have on the other side. I think we owe him a debt of gratitude as he has called our attention to some real dangers that the nurses do not realize themselves. Perhaps some of the graduates have drifted into the same danger. They have

developed the idea that co-operation in the hospital is no longer necessary; in other words that team work should not be necessary, that the nursing profession should stand by itself from all other work. No more fatal mistake could be made, because after all the nursing profession is one that depends on the co-operation of the doctors, otherwise they cannot get along properly. I know that some of the schools teach that. They will never succeed as long as they do that, because the whole success of the hospital depends on the co-operation of every department, and without that we will have absolute failure. I do not think that nurses should resent any word that has been uttered by the doctors, because I think this, as I said before, is one of real danger, and I hope that some of the ladies here present will say what they actually think, because I knew they are quite capable of expressing themselves very freely on the subject; I know they have the ability to do so.

The President: Any discussion? Let us hear from some of the ladies, please. I am sure we all want to profit by these papers. One of the greatest profits we can derive from the Association is the free discussion of the papers presented.

Dr. Haywood: There is one question, Dr. Kavanagh. For the protection of the nurses we will say we have three grades, A, B and C. What protection is a grade A nurse going to have in the well-to-do family where grades B and C might be employed?

Dr. Kavanagh: I cannot answer that. I only told two great plans that were being discussed by very able people. It is in the hands of the committee and when it came up for report this year they felt it ought to be considered still further. You have asked a difficult question. It is a question that I think the nurses of these different associations should investigate and see how they can work it out. I have no theory, except that I rejoice that apparently from all sides an effort is being made towards that solution.

Dr. Haywood: I thank you very much for that answer, and I thank you also from myself as a young man for the many well meant, and well taken, I hope, words of advice contained in your papers on hospital management. I am only starting my career in hospital work and I feel a great interest in your papers.

Dr. Helen MacMurchy: If you will allow me the honor, I should like to second that vote of thanks to Dr. Kavanagh. It

is the only thing I can think of to do. I am delighted to observe that the Doctor with that sagacity which I have heard for years distinguished him, puts his finger immediately on the characteristics of my sisters and myself in Canada, and we are very pleased. (Applause.)

We think more perhaps than we have an opportunity always to express, and the Doctor has alluded to several Canadians in his remarks, and it was very tactful of him to do so. Miss Nutting is a great friend of ours here. She was born in Newfoundland, and Newfoundland we hope will be a part of Canada, and is a part of Canada now so far as church relations are concerned. The Church of England and I think our friends in the Roman Catholic Church understand Old Newfoundland is a part of the Canadian church. I think for a long time she resided in Ottawa. I think, having heard Dr. Kavanagh's side of the discussion—unless Miss Nutting can appear by aeroplane to take her own side—the only thing we can do is to thank Dr. Kavanagh for coming here. There is only one little suggestion I would like to venture to make. It is entirely in line, I think, with what we have already been trying to consider, and that is in regard to the great battle of home interests, which are of necessity of more importance to women than to men. It has long seemed to me, and I find that everybody who speaks on this subject agrees with this idea, that the time has come when the work of the hospital, the domestic work, needs to be brought, so to say, up-to-date.

Think of this palace of a hospital. As I am not now connected with it, I can speak of it. If you will compare the equipment of this hospital with the industrial machine in the ordinary home—yet the organization of the modern home might very well reflect some of the wonderful achievements which this hospital does in a large way. I think that might be applied to one side of the question Dr. Kavanagh has talked about, for the nurse is instructed in certain matters along certain lines she might take charge of as a practical nurse.

I think in Canada perhaps some of us would prefer to leave the discussion of this matter until we have thought it out a little further along this line.

The President: It has been moved by Dr. Haywood and seconded by Dr. MacMurchy that a hearty vote of thanks be ten-

dered Dr. Kavanagh of the Methodist Episcopal Hospital, Brooklyn, for his very able address on the subject spoken of.

(Carried, with applause.)

Dr. Kavanagh: I thank you very much. It has been a very great privilege to come here.

The President: I am sure it is only a pleasure and delight to each one of us who have heard so excellent a paper.

The next item on the programme is a paper along the same line of work by Dr. Hornsby, Editor of *The Modern Hospital,* Chicago, which will be read by Dr. Dobbie.

Dr. Dobbie: The subject of this paper is "Team Work in the Hospital."

(Reads paper.)

(Applause.)

The President: This very able paper of Dr. Hornsby's is open for discussion.

Mr. Webster: I move, Mr. Chairman, that a vote of thanks be sent to Dr. Hornsby for forwarding such a valuable paper to the Association, and that the secretary be instructed to acknowledge it.

The President: Moved by Mr. Webster of the Royal Victoria Hospital, that a hearty vote of thanks be extended to Dr. Hornsby.

Dr. Parke: I second it, Mr. Chairman, and in seconding it I would like to say to Dr. Kavanagh that the question asked him relative to the protection of what we might call the high grade nurse is nothing more than what is raised in all trades union matters. I have in my mind two nurses that are connected with our hospital, and there are grades. Just because a nurse is turned out of a hospital and gets her diploma or medal, does not make them all equal. They get their remuneration. The fixed salary is not the one they get. It is a higher salary. They get more. I think a nurse will be protected to a great extent according to her own ability. That will be her protection. The other point I want to make, Mr. Kavanagh, is that our ladies in Canada are a peaceful class, but they are like the British lion, you can stroke them and pat them, but beware when you tread on their tails; you will probably hear more from these very peaceful people.

Hospital Intelligence

SEVERANCE HOSPITAL AND MEDICAL COLLEGE, SEOUL, KOREA

We recently had the pleasure of receiving from our esteemed friend, Dr. O. R. Avison, the following account of an institution in the Far East, the progress of which has been watched with keen interest by the Canadian medical profession. We refer to the Severance Hospital and Medical College, located in Seoul, Korea. Dr. O. R. Avison will be remembered by many of our readers. He graduated from the College of Pharmacy and lectured during his medical undergraduate days. He also graduated from Toronto School of Medicine in 1888, and was appointed Professor of Materia Medica and Therapeutics in 1890. While an undergraduate, he helped to organize the Medical Students' Y.M.C.A., and later the Medical Students' Mission. This Mission sent out to Korea as representative Dr. R. A. Hardie, in 1891, and, through his work on the Board of Management of this Mission, Dr. Avison became interested in Korea and decided to go himself, although, from a worldly point of view, few men have sacrificed so much in becoming foreign missionaries. He held two professorships; his practice was growing rapidly; he had married after graduating in Pharmacy and had already two children. But so earnest was he in his decision, that, though the Board of his own denomination was unable to send him out, he applied to the Board of the Presbyterian Church of the United States, was accepted and sailed in 1893. In the Severance Union Medical College, he has established one of the most modern, best equipped hospitals in Eastern Asia.

In speaking of his institution, Dr. Avison writes:—

"We have put up a new building, which is devoted entirely to dispensary work and to medical teaching. It has five stories and is one hundred and ten feet long by forty-five to fifty broad. The basement is devoted entirely to drugs and pharmaceutical work where we have not only a dispensing room from which drugs are dispensed, but we have a large room devoted

to manufacturing where we make tablets, pills, ointments and all sorts of pharmaceuticals not only for ourselves, but for the other hospitals scattered throughout the country. Then we have three large rooms devoted to storing drugs, where we keep the drugs for sending out to the manufacturing room and also wholesaling to the other hospitals; then, in the same flat we have a whole room devoted to a study room for the pharmacists and there teaching is given to the pharmaceutical students, of whom we have six or seven. They are taught Chemistry, practically in the laboratory, Manufacturing Pharmacy, Materia Medica, Botany, Physics and Dispensing, besides being trained in business methods, taking their course also in the sales department. We have one graduated pharmacist and he is the principal teacher of the other students. He also teaches Materia Medica to our medical students and we think he is a pretty good man, as he has been with us a great many years.

"The next flat is devoted to dispensary work, to the daily clinic. We have a large waiting room for the public patients, besides private waiting rooms for those who pay for private treatment; then off from this large waiting room there are several suites of rooms for different departments of our work: for instance we have in surgery three rooms, one a general diagnosis room where the doctor sees his patient and makes his diagnosis and then sends the case for treatment to one of the others, one of them being for the treatment of men patients and the other for women patients; in this room also gynecological work is carried on. All this surgical work is under the charge of Dr. Ludlow, who came to us from Cleveland, Ohio, where he had the chair of Professor of Surgical Pathology in the Dental College and Associate Professor of Surgical Pathology in Western Reserve University, and was for many years first associate to the Professor of Surgery in Lakeside Hospital. Under him are two or three others, graduates of our college here, and one graduate of a college in America. Then, one end of the building is devoted entirely to the eye, ear, nose and throat and to refraction. This is in charge of a doctor from Texas, who for several years before coming out here was a practising specialist along these lines. He has one of our own graduates as his assistant and excellent work is done. He has

a private room of his own and another larger room where he has a place for his assistant to work and places for two senior students to work, besides his own private corner, where he sees his own patients. Then another room is devoted to refraction of the eye and the fitting up of spectacles. We are doing nearly all of this fitting work ourselves here and ultimately we expect to grind all our own lenses, all except the regular spherical and concave ones, which we will buy in large quantities.

"Two other rooms are devoted to medical cases, and this work is under the charge of Dr. VanBuskirk, who was educated in Kansas City.

"Another two rooms are given to skin diseases and of this department I am in charge. I hold a daily clinic here and as these skin diseases are very numerous out here this is one of our important departments. Up to this time I have taught this department myself, but beginning with next April this subject will be taught by a doctor from Australia, who will come up from the country and will give two months to the work and hold daily clinics and teach the subject.

" I myself will give the clinics during the other ten months of the year.

" During three months of the school year another Australian doctor gives lectures on neurology and pediatrics and holds special clinics in these subjects during the time he is here.

"Another doctor who will give special work in gynecology and holding clinics is away in America this year on furlough, but he is expected back this coming fall. We expect also that he will take up work in electricity and in hydro-therapy, doing X-ray work and massage and mechano-therapy as well as hydro-therapy, teaching these branches and giving clinics in them.

" In fact, we are trying to provide teaching and treatment in every department of medical and surgical work.

" Another part of our new building is devoted to a suite of rooms for dentistry, but as yet we have no dentist and so this suite is lying idle. I am hoping before long that a dentist will be sent out who will carry on his profession and teach it to other young men and thus fill up another very important part of our work.

" The third story of the building is devoted very largely to offices.

" Here we have the general office, where our bookkeeper is in charge, and also another office for the college work, where one or two secretaries are generally at work. Then there is my own office as president, at one side of which is a private room where I can carry on conferences without disturbance and off from the president's room is a private consultation room nicely fitted up for seeing private patients, and here we can do their minor dressings and such things.

" We have two nice waiting rooms on this flat, one for ladies and one for gentlemen, besides the rooms for electro-therapy and hydro-therapy.

" Then, in addition, we have the students' locker room and a reading room for the students where they can be comfortable and where they can do their reading quietly.

" The fourth flat is devoted to teaching entirely. Here we have our large lecture room which will accommodate one hundred students very nicely. The desk is fitted up with hot and cold water, gas and electricity, so that any kind of a lecture and demonstration can be given.

" We have also in the room one of Bausch and Lomb's best balopticons for giving demonstrations by lantern slides and also by reflection from text-books and also showing microscopic sections on the aluminum screen which accompanies the apparatus.

" Then in addition to this we have a suite of rooms devoted to pathology and bacteriology, the teaching of which is in the hands of Dr. Mills, who is from Chicago, and has taken special work along these lines to fit him for this department. He has his own private room where he has his library and his private microscope desk and apparatus for inspecting private research work; then he has another room devoted entirely to clinical laboratory work, where examinations are made of blood, sputum, urine, feces and other matters requiring examination in diagnosis.

" Another large room is devoted to pathology where we have twenty well-equipped microscopes for the use of the students, with also incubators, sterilizers and also apparatus for the

preparation of serum and of culture materials for carrying on work in pathology and bacteriology, and now he has also taken up work in a larger laboratory where he is conducting a variety of experiments and also training students in all this work of pathology and bacteriology. He has a biological conservatory where he is now cultivating all sorts of small water animals with a view to finding, if he can, the host of the parasite which is so common out here, but which is unknown to you in Canada, the lung distoma which produces ulceration in the lungs and this results in great hemorrhages, thus running down the vitality of the patient. Another laboratory on this floor is given up to organic and physiological chemistry, another is fitted up for physiology, and over this Dr. Van Buskirk, of Kansas City, presides. Then going to the attic we have a large well-fitted up dissecting room beautifully lighted and well ventilated, and here we are prepared for doing dissecting, although, as yet, we have not been enabled to do much at it. We have, however, a large series of French models which we use in teaching anatomy, and here also histology is taught by the man in charge of the anatomy. I have just ordered a large series of stereoscopic pictures for the teaching of anatomy and obstetrics from London and I hope they will soon be here. Stereoscopes are used in studying these subjects and it is certainly an excellent way of studying anatomy or anything of the kind.

"We have also established a photographic department and put in a well-equipped dark room for developing our pictures and this is in charge of my son Wilber, who takes a great interest in the work, and I hope that he will soon have a series of photographs which will, to some extent, show what we are doing and thus interest our friends perhaps in the work we are attempting to do here.

"Of course, in addition to this building, we have the former building, which is now used for hospital work alone. Here we have nothing but the ward work and the operating department, so that it is, compared with what it formerly was, quiet, clean and very much better for all of that.

"I am glad to say that the taking out of so much of the disturbing element which was in existence when our dispensary work was done there has resulted in much better surgical results

than we ever had before. I think that we have not now for a great many months had a single case of pus following an operation. This building accommodates sixty-two beds and can be enlarged if our work grows so as to demand it.

"We have a nursing school here in which young Korean women are trained and, at the present time, I think we have some seventeen nurses in training, and expect to graduate a class of about four this coming summer. They make very good nurses. This will be apparent when I tell you that the operating department is entirely under the charge of one of the nurses who is not yet a graduate. All preparations for operations are done by her and by one of the other nurses under her supervision and we never have to think of the preparation of the patient or of the operating room or of the instruments other than to let her know what the operation is to be and when it is to be performed, so that she will have time to get things ready.

"We are now planning to build a Nurses' Home close to the Hospital, part of it to be a home for the Korean nurses and part of it for the American nurses, and when this is done we shall have a building set free which was intended, when built, for an isolation department, which has recently been occupied by the Korean nurses. Our plan will then be fairly complete and after that we have to think of little except enlarging as the growth of the work necessitates.

"I have been out here now over twenty years and at no time have I been free from building operations, so that I am beginning to think that it is time to let it stop and let my mantle fall on some other shoulders. I do not know yet, however, how this will be.

"I am hoping that some day we may get a well-qualified pharmacist who can take charge of the manufacturing department as well as of the sales department, so that I may be relieved from the details of this work. Of course, as it is, it falls on my own shoulders but I would be glad to put this on someone else.

"At the present time we are on the lookout for another good nurse. Miss Forsyth has been given permission to take part furlough in March of 1915, and she has told us that she may not return to the field. This, of course, has thrown us into a state of great concern because she is at the head of the

Hospital and of the Nurses' School, and if we are to have someone to take her place we ought to have someone here at once to be learning the language and to be getting into touch with the work before Miss Forsyth goes away. I am, therefore, on the lookout for such a person and if you know of anyone who will be suitable for this work I will be glad if you will let me know about her and I will get into correspondence with her.

"We have a large church now, meeting regularly in the Hospital and College Chapel, and this chapel will accommodate from 800 to 1,000 people seated in Korean style on the floor and, though it is not yet filled, we have a very nice congregation every Sunday with several branch churches out in the suburbs, all run by men who go out from this church."

OPENING OF NURSES' HOME, NATIONAL SANATORIUM, WESTON, ONT.

"You can't do too much for your nurses." In the best institutions this is no longer a precept, but a practice. And there is logic in it. Be the medical men on the staff of a hospital never so able, be the location and equipment never so complete or up-to-date, and the supplies beyond reproach, sick people have to be *nursed* back to health. Tired, jaded, badly accommodated nurses may go through the routine form of nursing, but they do not, and cannot, perform that bright, efficient, body and soul-satisfying ministration to helpless humanity, which nursing can and should be. Not "What do you do for your patients?" therefore, but rather "What do you do for your nurses?" is becoming the criterion of efficiency in hospital management. If nurses are themselves enjoying the benefits of proper care, patients will be properly cared for, and this not as a result of mere duty, it will follow as the most natural thing in the world. The purpose of a hospital—the efficient care of patients—is in this way fulfilled. It is the one thing that can make for permanent efficiency.

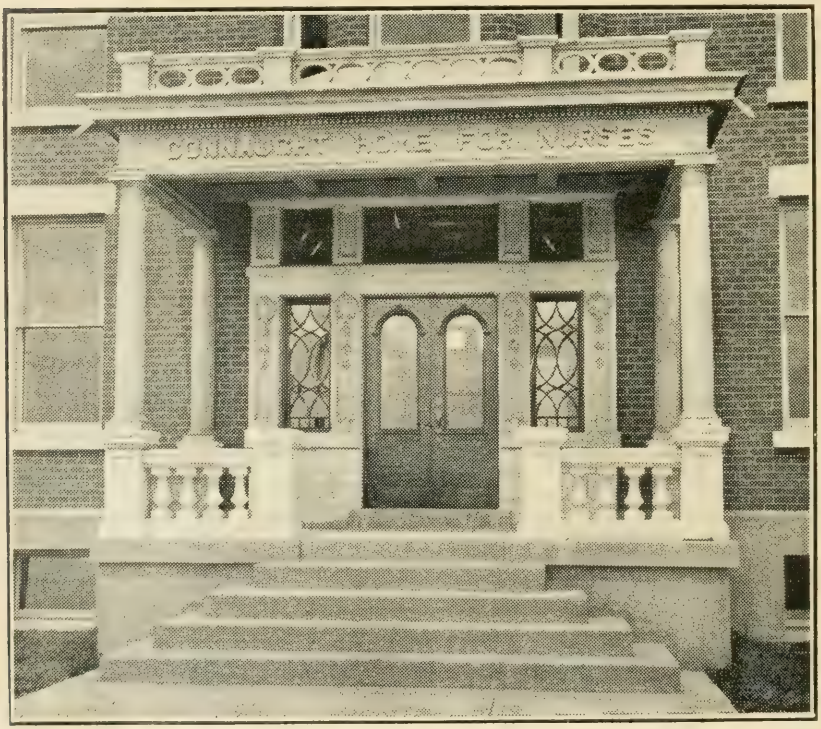
Little wonder, then, that H.R.H. the Duke of Connaught should find himself opening the Connaught Home for Nurses, on the grounds of the Toronto Free Hospital for Consumptives, near Weston, on 29th May.

Surely during the incumbency of His Royal Highness in the office of Governor-General of Canada, Royalty and Mercy have

walked hand in hand as never before in this country.

The bright morning sun, an interested and representative gathering of citizens, and the band of the 48th Highlanders, all combined to welcome His Royal Highness at the opening ceremony.

The speeches were commendably short. The following extracts seemed specially appropriate to the occasion:



Connaught Home for Nurses.

The Duke of Connaught: "You have, in return, paid me a great compliment. You are going to associate with these splendid institutions this new Nurses' Home, which is to bear my name. I thank you most sincerely for the honor you do me. I think you know well enough, ever since I have been in Canada, I have been urging in every way possible that we should recog-

nize how important an element in the future of this great Dominion is the health of its population. . . . It is now nearly three years since I came here to fill the proud position of Governor-General, and in that time an immense deal has been done, and I must congratulate you of Toronto on the splendid example you have set to other Canadians."

Mr. Gage: "Last week I had the pleasure of hearing Your Royal Highness speak at a banquet given in your honor at the National Club. May I recall the thought that you gave expression to in that address? You said that, while the people of Canada were busy developing the industries of this great land, you had observed with special pleasure that they were taking time to think of and to care for the less fortunate. I am sure, Your Royal Highness, that everyone present at that banquet who heard these words, and those who heard your words again to-day, will believe that both you and Her Royal Highness have exemplified to the fullest limit that high ideal of good citizenship during your stay with us. Amid all the activities of your high office, you have always found time to help, by your presence and influence, every worthy cause, and, if I may use your own words, to take care of the less fortunate."

Sir Douglas Cameron, Lieutenant-Governor of Manitoba: "It does seem fitting that on an occasion such as this we should have one of the great sons of our Motherland, who has devoted so much of his life to the training of men and the organization of the British army, in order that we might have peace in this country, that the British Empire might be well protected, and that such institutions as this may be created and maintained."

Acting Mayor McCarthy: "Only another word, and that to the chairman, to again congratulate you, to trust that you may live to see the entire completion of the magnificent work you have planned, in connection with these great institutions, and to say once again, speaking for the City of Toronto, that in the great campaign against tuberculosis, when the history is written in years to come, when we hope to look back upon a dread scourge from which we have been relieved—the history of that scourge, and the relief from it, and the debt to those who relieved—that history will have in its foremost pages the name of Mr. W. J. Gage, of Toronto. I am glad to express this word of appreciation for the City of Toronto this morning."

Dr. Hastings, M.O.H., Toronto: "There is not a household

in the British Empire that is not familiar with the name of Florence Nightingale. Therefore, I think we should have no more deserving, no more delightful task, than this meeting here to-day, for opening an institution for this group of angels of mercy. In 1913 Toronto had the lowest mortality rate in the world, of any city of its size, in tuberculosis, the next in order being that of Liverpool, which is still behind us to the extent of some six or eight per hundred thousand."

Only a few of the most important items of general interest regarding the new Home are here given:

Their Royal Highnesses the Duke and Duchess gave special permission for the use of the name "The Connaught Home for Nurses." The building is three storeys and basement, with 125 feet frontage. It has a southern exposure and stands well back from the roadway leading into the hospital grounds. The spacious lawn will be laid out in tennis courts, for the nurses, and in flower beds. The entrance, here reproduced, is specially inviting and attractive, both inside and out. There is accommodation for fifty nurses, with individual bedrooms, except for several sets of three-rooms-en-suite. Lavatories on every floor. On the ground floor, at one end of a well-proportioned hall, there is a handsomely furnished and spacious public reception room. At the other end is a comfortably furnished private sitting room for the nurses, and on the first floor the nurses have also a private writing room. Ample verandahs are provided on each floor. The visitor is at once struck by the special hygienic and sanitary design of the whole building. It is bright throughout—provision is made for an easy and plentiful access of fresh air. The building, with equipment, cost $45,000. The architects were Messrs. Denison & Stephenson, Toronto.

What a boon to nurses (especially to those engaged in nursing tuberculosis patients) to be able in their off hours to get entirely away from wards and duty, for rest, for recreation, for social enjoyment and study, in such a residence as this! It can only be fully appreciated by the nurses themselves.

Mention should be made of the Training School for Nurses, in charge of Miss E. Macpherson Dickson, the Lady Superintendent, and allied with the Bellevue Hospital in New York, where some months are spent before graduation by nurses in their last year.

Dr. Dobbie is the Physician-in-Chief of all the Sanatorium institutions near Weston.

Book Reviews

Hygiene and Sanitation. A text book for nurses. By GEORGE M. PRICE, M.D., author of "A Hand-Book for Sanitation," "Tenement House Inspection," "Epitome of Hygiene and Public Health," Director Joint Board of Sanitary Control; Director of Investigation, New York State Factory Commission. Lea & Febiger, Philadelphia and New York. 1913.

At the present day, a nurse must know as much about sanitation as she does about the actual care of the sick. As the author of this book states, a nurse should be "a priestess of prophylaxis." After glancing over Dr. Price's book, we feel that no one desiring to be a successful nurse, and who desires to have a good knowledge of the hygiene of habitations, foods, schools and school children, the hygiene of occupations, municipalities and personal hygiene, can make a mistake in buying this volume.

THE second number of the third volume of the *Hospital News* comes to our desk. We have not seen the earlier volumes. Dr. Philip Newton, Professor of Anatomy, Georgetown University, is the editor-in-chief, and among the collaborating editors is Dr. J. O. Skinner, Superintendent of the Women's Hospital, Washington. This periodical has an attractive appearance, is printed on heavy calendered paper, and has some forty odd pages of reading matter. The subscription price is $2.50 per year; 25 cents a copy. Miss Jane Delano contributed an article on Red Cross Nurses in the first number. Irwin Arnow also furnished one on Economy in Modern Hospital Administration. There appears to be a special appeal to internes to become subscribers. Lists of hospitals are published, giving number of beds, number of internes, how appointments are made, and the name of the superintendent. This is the third hospital magazine to enter the American field within the last two years and a half.

NEW HOSPITAL APPLIANCES, PHARMACEUTICAL PREPARATIONS, ETC.*

Telephones in Hospital Work

The "Presto-Phone" is a new telephone system designed for private inside installations. It is an automatic system which will operate up to one hundred telephones without the services of a girl operator. It gives quick and accurate communication and has many special features which will appeal particularly to hospital management. For instance, the service is absolutely private or secret. It is also possible with the system for two parties conducting a conversation to call in one, two, three or four other parties and form a group for a discussion of matters, and, when so desired, conversation can be restored to the original two. It also through its "general call" furnishes an instantaneous and efficient fire alarm.

The "Presto-Phone" is designed and manufactured by Canadian Independent Telephone Co., Ltd., Duncan Street, Toronto.

Was it the Fault of the Physician

Until a few years ago the majority of professional men were considered slip-shod in their office methods, and in some cases perhaps the description was too true; but it is difficult for a busy professional man to run his office work systematically unless his office appliances are such as do not encourage "red tape" or cumbersome, complicated, time-wasting methods.

A great step forward has been taken by Canada Furniture Manufacturers, Limited, who make the well known Macey Filing Appliances in Canada. The C. F. M. advertisement appears elsewhere in this issue.

Macey methods are finding their way into every nook and corner of the world, and are persistently persuading physicians that they really cannot get along properly without them.

Safety First

Two modern conveniences which are being considered, as time progresses, more and more a necessity in every up-to-date hospital are the Inter-phone and the Hospital Fire Alarm.

The Inter-phone is invaluable when a doctor is wanted in a hurry. Any ward can communicate with any other ward, and the least possible time is consumed in summoning aid when the life of a patient hangs in the balance. This direct intercommunicating system requires no switchboard, as every instrument makes its own connections.

A reliable fire alarm system is equally indispensable, as it ensures prompt action on the part of the municipal authorities

*Publishers' Department.

The Hospital World

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Editorials

THE MALE NURSE

THE male nurse is needed. The male nurse is desired. What are the difficulties in the way of employing him? Not the expense, for in private nursing this would be little more than that incurred with a female nurse. Certainly not lack of demand for his services, since every physician has upon his books cases where

a trained male nurse would fill a great need. The chief difficulty lies in the lack of training facilities for the male nurse.

Custom, or a tacit acceptance of conditions, has led to an interpretation of the word "nurse" as one of feminine gender. It is time that hospital heads turn their attention to the possibility of establishing some system which will provide male nurses as efficiently trained as are their female confreres, since there is undoubtedly room for the services of the male nurse both in hospital and in outside practice.

While the female nurse is suitable and successful in much of the nursing service required by male patients, there are unquestionably certain phases of the work that are both most fittingly and best performed by the man nurse. This statement will be accepted without question by physicians and hospital authorities. In the instance of one group of diseases as well as for certain services in ordinary treatment the male nurse is desirable.

Under the present conditions of male nurses being practically unavailable, the nursing of male patients in hospitals has been, in the matter of general service, undertaken by female nurses, with ward orderlies to attend to specific treatment and duties.

Now the ward orderly is altogether or largely untrained. The merest rudiments of nursing lore, gained often through the ups and downs of a wandering life, are sufficient to ensure his engagement by hospital heads—for the supply is always inadequate. But the chasm between his quality of nursing ser-

vice and that of the trained female nurse is wide and deep.

It is rather an unusual situation, that the modern hospital, with its insistent demand that qualified officers in every department that relates to the patient—superintendent, internes, visiting staff, nurses—should be the products of long and especial training, yet permits the orderly, to whom is relegated service to patients often involving technical skill, not only to lack such training, but to be frequently of low grade mentality.

There are many invalided men, and many families who carry the responsibility of adequately caring for aged relatives, who would welcome the advent of the trained male nurse. In the hospital such a one would receive full recognition, and become a valuable factor in the work of the institution.

To establish a hospital training school inclusive of both sexes should not present insuperable difficulties to the hospital authorities, and should considerably facilitate the work of the institution.

A WISE PRECAUTION

THERE are enough and to spare of ably written medical books and ably conducted medical journals on both sides of the ocean. There is no excuse for "brain-rusting"—to employ an Oslerism—even for the man far from medical centres, with so many professional journals within reach. But these are writ-

ten in technical language, intelligible to the trained medical mind only. They are distinctly not intended as vehicles of communication with the public.

Perhaps one of the problems worth serious consideration by the profession is to discover the wisest method of communicating medical knowledge to the public, in such manner that it is both reliable and accurate.

The amount of quasi-medical lore that is thrust before the public, at the present day, through books, magazines and newspapers is appalling. That excellent modern slogan—education in preventive medicine—is partly responsible for this vast output. It has become fashionable, and incidentally profitable, to writers and publishers, to "popularize" medical knowledge, and an enterprising public press is not slow to take advantage of the fact, with results not always conducive to professional standing or to the public welfare.

The profession in Baltimore—that stronghold of medical research—has evidently suffered in this respect, and has recently made a most tactful and judicious effort to improve matters, one that is worthy of being passed on to other cities. The Medical Society of that city has entered into an agreement with the city daily press providing that the various medical organizations co-operate with the newspapers in communicating to the latter accurate medical news.

"The Society urges that wherever possible the physicians give reliable information concerning important discoveries, the condition of patients of

prominence, and on other medical subjects in which the public is interested and which will tend to public welfare."

The agreement also provides that the names of no medical men are to be used by the newspapers unless written permission is given by the men who are concerned, and, of course, nothing is to be published that will be prejudicial to the interests of the patient, where a patient is the subject matter of the news item.

In return, the newspaper men have agreed to seek their information from the proper sources so that the copy they secure may be accurate.

Committees have been appointed by the various medical organizations that flourish in Baltimore, from which the pressmen may obtain, or at least seek, information.

The Baltimore medical men recognize the fact that the public press is entitled to such information, and have, in this arrangement, very wisely endeavored to safeguard the quality and reliability of the same.

FIXING THE RESPONSIBILITY

A THREATENED law-suit by an aggrieved patient may or may not advance beyond initiatory stages; but the possibility the threat contains has power to increase in marked degree the current burden of care carried by the hospital administrator. For whether the would-be plaintiff has cause sufficient or not—whether the

injury be real or imagined—the suit, if once brought into court, makes for the hospital an unpleasant publicity, and usually an unjust implication that is damaging to the interests of the institution.

Every hospital head has interval-recurring experiences of this nature; an eager interne undertakes a post-mortem by stealth; a physician fails to obtain the consent of the patient or his friends before operating; a nurse exposes a patient to a draught, gives the wrong medicine or otherwise injures him; an abusive patient is roughly handled by an orderly; a patient contracts an infectious disease while in the hospital—these are a few of the causes for threatened proceedings. By the exercise of tact and diplomacy, frankly expressed regret or explanation, the superintendent —unless the offence is an aggravated one—is usually able to pacify the aggrieved parties and keep the matter out of Court.

But in the event of the suit being pushed against the institution, it is worth noting a recent decision of the New York Court of Appeal, in the case of an operation performed in the New York Hospital, against which institution the patient brought suit, averring that she having agreed to an examination only under ether, was operated on while still under the influence of the drug, against her intention and will. The Court

dismissed the case, stating that the wrong was not that of the hospital, but that of the surgeon operating, and who was not to be considered a servant of the hospital.

The Court, however, made a new departure in applying the same principle to a second claim made by the same plaintiff involving her nurse, whom she alleged she had informed that she did not consent to an operation. The Court stated that nurses, as well as physicians, in treating a hospital patient, were not acting as servants of the hospital. "The superintendent is a servant of the hospital, the assistant superintendent and other members of the administrative staff are servants of the hospital; but nurses are employed to carry out the orders of the physicians. The hospital undertakes to procure for the patient the services of a nurse. It does not undertake through the agency of the nurses to render those services itself."

There is no doubt that such decisions as the one above made by the New York Court of Appeal are a great relief to the hospital administrators. But it is doubtful whether such decision will commend itself to the public mind as bearing the white light of common sense.

When a patient trusts himself to a hospital for treatment he and his friends assume—and it is a nat-

ural assumption—that the institution becomes responsible for his welfare, takes no advantage of his helplessness, and governs the relationship between them according to the well understood principles of hospital ethics. Any other assumption would be intolerable. And while the degree of a hospital's liability in such and kindred instances should be limited, hospital physicians in a degree, and hospital nurses in entirety, must be viewed as integral parts of the hospital organization, for whose good conduct the institution is both morally and legally responsible.

In contradistinction to the above case is a recent decision of the Court of Appeal of Maryland in a suit instituted against a surgeon for negligence after operation at a hospital.

The original judgment was given for the plaintiff-patient, who alleged that tuberculosis resulted from gauze and rubberized silk left in the wound.

The Court concluded that the operating surgeon could not be held responsible for the negligence, if proven, of hospital internes and nurses, in dressing the wound after operation, if he did not know of such negligence and it was not discoverable by him in the exercise of ordinary care.

A second trial has been granted the defendant, and it will be of interest to know where the liability is finally placed—with the surgeon or the hospital.

THE NEW ADMINISTRATOR

A NEWLY appointed hospital superintendent steps into a hard place when he assumes office.

This is the case where the institution is new, and the staff, gathered from various sources, has not yet learned to swing together or been moulded into a whole. It is even more true where the institution is an old established one, with a staff which has learned the idiosyncrasies, the strong and weak points, of the former superintendent, and has accommodated itself to them. If the latter was an excellent administrator, then the newly-appointed man suffers by the constant comparison, silent or spoken, of the staff, the patients and the public. He feels continually the necessity to "make good" and to justify his appointment as a worthy successor. This often leads to stultification of his own beliefs and originality of methods.

But if the ex-superintendent has been more or less unequal to his task; if discipline is lax, methods poor, and a general "pulling up" process is required, the new superintendent feels that the opportunity to make good, if easier in one respect, is more difficult in another. No superintendent in such an instance can avoid making radical changes; and the entire working staff are on the alert to resent the same. The heads of departments are, perhaps, appointees of some years' standing, and the effort to bring their various departments up to date, or at least in harmony with the new man's ideas, causes resentment, if not open rebellion.

This condition is not unusual in all institutions where a large staff is employed. In business places it results usually in dropping the objecting sub-head. In the hospital, however, the situation is complicated by a board, who too often listen to complaints and criticisms of the new chief from the medical, the nursing, or the serving staff. The doctors have their favorite nurses—often relatives; the trustees have their favorite doctors—often family physicians; and the criticisms or grievances of any one of these is allowed to carry undue weight—too often an interference that, if it does not veto the superintendent's changes, at least makes the strain of his position doubly hard.

It would be well if all members of hospital boards would take the attitude of one president when, a month after the appointment of a new superintendent, he was informed that the internes had mutinied and the superintendent of nurses resigned. "Good," he said, "it shows there is something doing."

The new superintendent should be supported by the board and medical staff, and given a chance to make good for a year at least—unless he prove utterly incompetent, which, if the appointment has been carefully made, is not likely.

As to the new executive himself, it would be well if he were to practise a little indifference to praise or blame; be as silent, as inconspicuous, and as tactful as possible in the institution of reform, and let the results of these reforms bespeak their own commendation.

A hospital administration is under fire at any time, but its achievements are not the less appreciated in the end.

THE POINT AT ISSUE

THE many serious abuses revealed by the recent official inquiry into the conduct of Bellevue and allied hospitals, as published in the reports of both the Committee of Inquiry, and the more recent report of the new Commissioner of Charities, has aroused a justifiable and indignant protest from the New York press and public. Graft, inefficiency, overcrowding, neglect, are some of the factors that enter into what Commissioner Kingsbury terms "the appalling treatment" suffered by the patients in these institutions.

The hospitals in question are city hospitals, under the control of the Department of Charities. This means, unfortunately, that municipal politics has entered into the conduct of them. "A very low grade of minor employees," says the report—probably ward-heelers or their friends. "Rotten food"—likely supplied by rake-off firms attached to the City Hall. "Very lax administration, grafting, and gross inefficiency." Numerous "unpaid helpers" placed in one institution by Tammany leaders, whom the night superintendent stated did practically no work.

It does not make pleasant reading, but under such method of control, is it much wonder that the above conditions exist and flourish? What can the ablest

and purest administrator do in any hospital or group of hospitals where ward politicians have influence that controls purchase of supplies and appointment of employees.

The absence of full internal control by the superintendent is evidenced in the report of the Committee of Inquiry, section IX, in connection with Bellevue hospital.

"The nursing in Bellevue is conducted and supervised by the Training School for Nurses, an independent organization, with which the Trustees contract for the service rendered. It is not responsible to the Superintendent of the hospital, and makes no reports to him. . . . . The social service work of the hospital is conducted by a voluntary committee, in whose service there are officers who are paid by the hospital. These officers, or the Committee, make no periodic reports to the Superintendent about the work performed, and are practically as independent of his supervision as is the Training School for Nurses. . . . . At the present time no periodic report is made by the Supervising Engineer to the Superintendent of the institution."

The report goes on to state various other departments of the hospital service that are not reporting to the superintendent. It says that Bellevue was selected to make an examination of the various internal activities, not because it was assumed to be less efficient than the other institutions, "in fact, it seems to be operated with as great efficiency as any of the city's institutions, and much more ably than some of

them," which, under such handicaps as the above, coupled with an admittedly undermanned administration staff, means much.

"It is impossible for the superintendent of an institution the size of Bellevue to personally supervise daily all the activities of the institution," continues the report. And this applies to all large hospitals. "Their direction must be left to subordinate heads, and of these heads there are so many that if the superintendent should endeavor to confer with each at frequent intervals, his time would be almost entirely occupied by conferences. For the proper conduct of the institution it is necessary to have reports come to his desk setting forth what each activity has accomplished within a stated period, and setting it forth in such a manner that the report will clearly show whether it is being properly conducted. Even with the best of control reports in operation it would be necessary for the directing head to have periodic conferences with the heads of the various departments for the purpose of keeping more closely in touch with the work, and also for the purpose of giving directions."

The Commission of Inquiry publishes many excellent report forms, for use in the various departments, and hopes they will serve as a basis for all the city hospitals. But the crux of the lamentable situation lies not in the lack of adequate forms, but in the measure of control that can enforce their use and be able to take action upon the information they afford. But if, as in Bellevue, there exists an independent nursing

staff, an independent social service bureau, and various other independent agents—to the extent of "unpaid helpers" appointed by outside influence—what possible control can the chief superintendent have, and what measure of discipline, efficiency and purity of service is to be expected?

THE CANADIAN HOSPITAL ASSOCIATION

The next annual meeting of the Canadian Hospital Association will be held in the King Edward Hotel, Toronto, on October 20th, 21st and 22nd next. The management of the hotel have assured the officers that everything possible will be done for the convenience and comfort of the members during the meeting. Through the kindly interest of the Hon. W. J. Hanna, the Provincial Secretary, a generous grant has been placed in the estimates for the benefit of the Association, and it is anticipated that the attendance at the meeting will be the largest in its history. Arrangements are now being made for a programme covering a wide range of subjects relating to hospital administration, a definite announcement of which will be made later. It is expected that a large number of new members from the extreme western and eastern Provinces will attend the convention.

Original Contributions

LIVING OUT OF DOORS

By W. B. Kendall, M.D., Physician in Charge Institutions of National Sanatorium Association.

Living out of doors is an experience which some people follow of necessity, while many others, and their number is steadily increasing, do so out of choice. The genuine pleasure and healthfulness experienced from outdoor living cannot be appreciated until one indulges in it to the full extent, and endeavors to work, rest and play out of doors.

For the past eight years I have been interested in the former class, for whom necessity makes the choice. I refer to patients suffering from pulmonary tuberculosis, who are making a sojourn in a sanatorium. The measure of greatest importance in the so-called hygienic-dietetic treatment of pulmonary tuberculosis is that of education. The teaching of patients how to live in the open air is but one of the lessons taught in such institutions. A sanatorium is not merely a building or collection of structures in which to accommodate patients, but rather an institution combining all the essential features whereby a patient may be taught how to live hygienically under medical supervision, and schooled in such a way that he may be able to continue such type of living outside of an institution without supervision. Patients suffering from consumption are, unfortunately, too numerous, and sanatoria too few, to enable but a limited number to avail themselves of such training. We find that the average stay of patients in most sanatoria is but three months, a period much too limited to give marked practical results from treatment *per se*. This period, however, should be sufficient to enable patients to become thoroughly familiar with the disease they are suffering from, of the gravity of their plight, of the hopefulness in reference to results of treatment if persisted in, as well as some idea as to what measures must be

followed in order that treatment may be continued along sanatorium lines after a patient has returned to the home.

Time and space will allow me to but briefly consider some points in reference to two types of building, among others, at present in use for outdoor living in Muskoka.

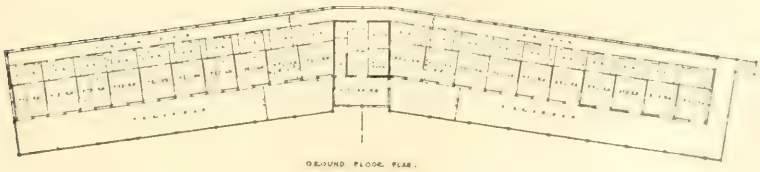
Illustrations Nos. 1 and 2 picture a type of pavilion as adopted four years ago for use in the Muskoka Free Hospital for Consumptives. This building is 113 feet 6 inches long by 14 feet wide, and constructed so as to accommodate twenty beds. In the centre is a heated dressing room, in which are built twenty clothes lockers, on the door of each being a toilet set, including mirror and drawer for toilet articles. In this room will be found basins with hot and cold running water, water being heated in a coil in the heating stove. A porcelain waste basin is also provided for use in brushing the teeth and washing sputum flasks with an antiseptic after the contents of the flask have been placed in a refill and properly wrapped ready for burning. A shower bath, together with lavatory accommodation, complete the equipment of this dressing room. In either wing are accommodated ten patients. The front of the building is made entirely of glass above a 2 feet 6 inches base. The glass is set in sash which are hung from the top, swinging in. Each window is kept open by means of rope and pulley, the former being fastened to a cleat near the head of the patient's bed. The windows are closed only on the order of a physician. This type of building, of which we now have five in number, four for men and one for women, is used for ambulatory cases only. The windows in these pavilions were closed but four times last year, on stormy days only, although we experienced weather last winter when the thermometer registered 45 degrees below zero. Cost per bed complete, including furnishings, $108.71.

Photographs Nos. 3, 4 and 5 give views of another class of pavilion in which each patient has separate accommodation, one of these buildings being at present in use at the Muskoka Cottage Sanatorium. This structure is 182 feet 6 inches long by 26 feet 6 inches wide, including a spacious verandah. The centre portion is of two storeys, the upstairs consisting of two bedrooms, a sitting room and lavatory. Below this on the ground

floor is included a solarium, bathrooms, lavatories, etc. In the sectional cut is shown a corridor running the entire length of the building, the outside exposure being of glass. From this

Open Pavilion.

Kendall Pavilion.



corridor entrance is made to the twenty dressing rooms, while in front of the latter are the open-air sleeping quarters. The dressing rooms are 4 feet 9 inches x 8 feet, furnished with a built-in wardrobe, a cheffonier and chair, while in each is in-

Interior Open Pavilion.

Bird's Eye View, Kendall Pavilion.

stalled a vitrified basin with hot and cold water. The sleeping room is 8 feet x 9 feet, with glass front made of two sash above a 3 feet 2 inches base. The windows are hinged at the top and swing in on pulleys. Below one of these windows is a swinging half door, the opening of which allows the bed to be run out on to the verandah. Screens cover all openings. The building is heated by low pressure steam, with the exception of the sleeping rooms. All rooms are lighted with electricity, including reading lamps at the head of each bed. The building faces the south and is built in the shape of a wide V, in order that protection may be had from the north, northeast and northwest winds. Cost per bed complete, including latest hospital equipment, $397.35.

In considering the planning of buildings to be used for outdoor living we are anxious to include certain features and to avoid others. Efficiency, with comfort, must be the main object. The first point of importance is that a building be so planned that a patient may be able to spend as much of the twenty-four hours each day in the open air as possible, and be able to rest—and that in comfort. The rooms must be well lighted, ventilated, open to all the sun available, and easily kept clean. Bathing and lavatory accommodation must be ample and convenient. With separate rooms privacy and quietude are, of course, more possible, while this class of accommodation could be used for patients confined to bed.

From an economical point of view we must first consider the cost of original construction, and then give thought to heating, lighting, ventilation and cost of upkeep. This type of building is somewhat elastic, could be modified, made smaller along similar lines or added to. The single roomed pavilion could be used for advanced cases, while with slight changes one wing could be made available for women, the other for men. The second storey would make comfortable quarters for nurses, if necessary. I have often felt that a structure of this type could be built on the grounds of our county hospitals and be used for the care of advanced cases. The administration staff and buildings are at hand with nurses available. By such measures probable incurable tuberculous cases, I feel, could be made comfortable, and much-needed training for nurses as to pulmonary tuberculosis and its treatment made possible. June 1st, 1914.

Society Proceedings

SEVENTH ANNUAL CONFERENCE OF THE CANADIAN HOSPITAL ASSOCIATION

(Continued.)

I have very great pleasure in seconding this vote of thanks, especially as I have watched the progress that has gone on in this nursing question. I would also say that I sat almost in amazement, but with great pleasure, yesterday, when I heard woman after woman get up here and express the human side of hospital and nursing work, which I think would delight the heart of Dr. Kavanagh.

THE PRESIDENT: Moved by Mr. Webster of the Royal Victoria Hospital, seconded by Mr. Parke of the Montreal General, that a hearty vote of thanks be tendered to Dr. Hornsby of the Modern Hospital for his excellent paper on "Team Work in the Hospital."

(Carried unanimously.)

The next item of business is the report of the different committees.

We overlooked a paper. I see that Mr. Nicholson is now here. I am only sorry that we went away this morning without hearing Mr. Nicholson's paper on "Hospital Returns—A Few Errors which might be Avoided." Mr. Nicholson, we will be very glad to hear that paper.

MR. NICHOLSON: Mr. President, I regret that I have not prepared a paper, but I have embodied the points that I wish to impress upon those who are responsible for the monthly returns, which I, as connected with the Hospital Department of the Government, have to check over and see that their grants are properly made out, and I think that by distributing these they will be read by the members and impress upon them all that I have to say. I will just read over what I put in.

(Reads pamphlet entitled "Provincial Aid to Hospitals.")

We often have a great deal of difficulty. I have a sample

here. A return made by the Toronto General Hospital. My assistant in the office says that it is a waste of time to check it over. (Applause.)

THE PRESIDENT: There is one thing I should like to ask. I thought the last Hospital Bill gave us an unlimited days' stay to a patient. I did not think it was limited to 120 days.

MR. NICHOLSON: That still stands.

A MEMBER: Why is it no allowance is made for infants under one year?

MR. NICHOLSON: That has been the rule ever since the department was organized. It is a time honored rule now. Of course it is not too late. I suppose it can be changed if the Government are appealed to.

A MEMBER: It has been brought to their attention more than once, has it not?

MR. NICHOLSON: Not that I am aware of.

DR. HAYWOOD: I would like to know in reference to No. 5 how you are going to arrange about the children if you are not going to keep them the intervening twelve months.

MR. NICHOLSON: You have to keep them a year before they are eligible.

THE PRESIDENT: I am sure we are very thankful to Mr. Nicholson for making the work so explicit, because it has been a puzzle to some of our executors and secretaries, and I think this will elucidate the matter very much.

Now if there is no other business, no other discussion on this paper, we shall proceed with the reports of the different committees. We will take up first the committee on the time and place of the next meeting.

MR. JOHN ROSS ROBERTSON: Relative to this paper in connection with Provincial Aid to Hospitals. I am rather surprised to see at Clause 5 where no allowance is made for infants under one year of age. I confess I thought I knew everything, but that is something new to me. All I can say is it is an outrage that the Provincial Government should have such a tremendous surplus and who give a per capita for infants over a year, should not allow for infants under one year. I think this must be enquired into and find out exactly where we stand, because it is a serious matter in connection with the Hospital for Sick

Children. No allowance made for infants under one year of age! (Laughter). I think I will use some of the little energy which is left in me to see if I cannot have that matter changed. (Hear, hear.) While I am on this subject; I have just left a case now. (Laughter.) I was called over to the Hospital for Sick Children on a matter of business. But I want to say this to the Hospital Superintendents, I want to point out this, that the hospitals should receive an allowance from the Government for the outdoor departments. It is all very well to say as the—I am talking now of municipalities—the outdoor department is a very heavy expenditure on the part of the hospital. We handled last year 25,000 cases, and if I mistake not the cost of that to the hospital was in the neighborhood of $7,000. Now of course the Toronto General handles a large number—I do not know the number—a large number of outdoor cases. Why should they not receive from the city in addition to the $1.00 per head per day—why should they not receive extra pay for the outdoor departments? "Patients admitted and discharged on the same day are not allowed for." The gentleman who drafted these regulations was of an economical frame of mind. (Laughter.) But seriously it is an important matter to you ladies and gentlemen here— not only in Toronto and London, but in other places—why should there not be payment for the outdoor work? We spent last year, if I mistake not, about $12,000 in drugs and dressings over in the Hospital for Sick Children, and certainly a very large percentage of this was money expended for the benefit of the outdoor department. The year before last we handled about 18,400; last year it shows over 25,000, and I fancy at the rate Toronto is increasing, at the end of next year it will be 30,000, and I think it most unfair that the hospital should not be paid for the expense of the outdoor department. The Hospital for Sick Children is not an endowed hospital; it has not got the money at its disposal that the Toronto General has, not that they have any too much, but as I say it seems to me unfair. The cost last year at the Hospital for Sick Children was about $1.90. We cannot reduce it. The Hospital is run as economically as a hospital can be run, and we cannot reduce it and I think it is the same in the Toronto General Hospital. I am sorry that Dr. Bruce Smith is not here, but I do think that a committee should be appointed.

THE PRESIDENT: We have a committee, and I think you are on it.

MR. JOHN ROSS ROBERTSON: Well, I will serve on it.

THE PRESIDENT: Any further discussion on this subject?

MR. JOHN ROSS ROBERTSON: Perhaps Dr. MacMurchy will tell us how she feels on this subject of aid for infants under a year.

DR. HELEN MACMURCHY: I feel very strongly on the subject, indeed, Mr. President, and I am sure that if Mr. Robertson and other ladies and gentlemen present would take it up the matter would be attended to.

MR. JOHN ROSS ROBERTSON: What do you think about the expenditure?

DR. HELEN MACMURCHY: I think it is a point that should be brought to the attention of the Government, and I think the Government would be very glad to listen to any representation.

There was a point brought up yesterday by Mr. John Ross Robertson in which we were all very much interested. Mr. Robertson raised the question as to whether it was not so that some correspondence school of nursing had received a license by the Government. I enquired at once, and it is not so. They applied for a license and it was refused them.

MR. JOHN ROSS ROBERTSON: All I can say is that I stand by what I said yesterday. There is a school in Toronto, and it is a correspondence school, and they have a charter from the Provincial Government. I will not mention the name, but I am perfectly satisfied. I know that the Government have refused charters, and I know this too, that I was in a Government building when a medical man of the city of Toronto—one of some repute too—wanted to establish a nursing home or a private hospital with a correspondence school nurse as Superintendent. I was present and I heard Dr. Bruce Smith most positively decline to give any such permission, but I am perfectly satisfied, and I will communicate with Dr. MacMurchy on the quiet as to this. I have had some interviews with two or three of the nurses, and there is, as I say, one school in Toronto, one correspondence school, that has authority from the Government.

DR. HELEN MACMURCHY: I will take every advantage of Mr. Robertson's kind offer, and with your permission I would like to say that Dr. Bruce Smith and others responsible under

instructions from the Government would like to have information as to every private hospital and nursing home in the Province. We are most anxious to do everything that can be done at once. We will welcome communications from anyone that will assist us in doing that. Perhaps you have already explained Dr. Bruce Smith's absence; this is the only hospital meeting that he has missed.

THE PRESIDENT: He was called, I think, out of town on some trial case, where he had to give evidence. Therefore, he is unavoidably absent.

MR. JOHN ROSS ROBERTSON: In my opinion Clause 6 refers, of course, to the outdoor department, and it would be covered by the payment of whatever the municipality would pay towards the expense of the outdoor department.

DR. CLARKE: I think I might give Mr. John Ross Robertson a point as to that. Our custom as to many of these children that come in, where we have to look after adenoids and tonsils, is to keep them for twenty-five hours only. (Laughter.) Now I expect that Clause No. 5 really affects us more than the Hospital for Sick Children. He will never take into account those children as part of our population, so no account is taken of them at all, but it seems an outrageous thing that we do not have some allowance made for them, because they take a good deal to maintain.

MR. JOHN ROSS ROBERTSON: I want to say in regard to the overflow from the Hospital for Sick Children, Dr. Clarke, that in these adenoid cases we speak of an immediate operation is not necessary. I know what is being done in the Hospital for Sick Children perhaps on that very subject, and perhaps it is your anxiety to get the work. (Laughter.) I made enquiries some time ago when I heard that you were doing the adenoid business, and that is the information I have from my superintendent.

DR. CLARKE: They always send them from your place to ours.

MR. JOHN ROSS ROBERTSON: No, they never send any from our place. However, it is all right, and we are on very good terms.

MISS MILLER (Lindsay): No. 3. Unless some arrangement is made for our incurable cases—and we are obliged to keep

them sometimes six months and a year—why should we not receive a Government grant of twenty cents a day while we are maintaining them? There is no other place for them.

Mr. John Ross Robertson: We do not take incurables. We send them to the Home for Incurables.

Miss Miller: They have not room for them.

Mr. John Ross Robertson: We do not take them in.

Miss Green: In our report yesterday I told you that we had fourteen cases of death from cancer. All those cases had been treated in the General Hospital. They were all advanced cases; it cost more to care for them on the day of their death than on the day of admission to the hospital. We had seventeen deaths after admittance of three months. Those were all progressive cases, all increasing in cost daily. Why should we not be treated the same as the hospital?

The President: It seems to me, ladies and gentlemen, that in many of the country districts we cannot put them out in the street. We have to keep them, and why the limit should be one hundred and twenty days I cannot understand. I think this is one of the questions that should be taken up, and I think the Government would be only too glad to do anything.

The President: The report of the committee on time and place.

Dr. Young: Mr. President, the programme being so full and the session last night so long, I regret to say the committee has not had an opportunity to meet. I thought perhaps we could get together this afternoon, and when I came in Dr. Kavanagh was reading his paper. So I suggest that you allow your committee to continue and to report to the Executive Committee. I think the committee, though, would like to know the feeling of the meeting, whether we should meet in Toronto again, or whether it would be better to change. Personally, while I am very grateful for the invitation to London, I think, if it is to be in Ontario at all, the meeting in Toronto is the best thing, but I feel that if we keep it here all the time we shall have the same people coming to every meeting and the rest of the country will remain out of it. Whereas, if we switch it around a little, no doubt some of us here would not be able to attend, but we could remain loyal to the Association and we

could keep in touch and at the same time be gaining in numbers and strength that way. I would like to have an idea of the feeling of the meeting.

Mr. Webster: Mr. President, ladies and gentlemen, I am very strongly opposed to coming to Toronto next year again, because, just as the last speaker says, if you do not switch around you won't get additional members. Now we would be very glad to have you in Montreal next year. The first meeting of this Association was called in Toronto, and I received a long-distance message from Dr. Brown, and I was the only outsider that came here. If we do not get down to Montreal or to the different cities, we won't get members. We are all very grateful to Dr. Clarke for doing so nobly by us, but we must get around, and we want to get more members by going to some other place. I do not want to hurt anybody's feelings by saying "Go to Montreal." We can go to Quebec, if you like. I think we should go to one city and another. The time is coming when we will have to go to Winnipeg, as soon as we can afford it.

Dr. Haywood: I think if lack of attendance from the West is any indication that we are holding the meeting far enough east, I do not think we should go any further, and if Montreal is so enthusiastic about this Association, why have they only two representatives here? I will admit though the two they did send are very able representatives, but they surely could have done better than this by the Association. It strikes me that the Canadian Hospital Association is no child's play now. It means that we have sooner or later to take our stand in regard to hospitals. This is my first meeting. I do not know —the enthusiasm has been pretty fair here—but it seems to me we could have got a little more fire and energy into the whole thing. We have got to get the members here in the first place, and then we can find out where the meetings are to be held.

A Member: The hotel accommodation in London is disgraceful. There is not a decent hotel in London, and I think we should stay away from there. As far as I am concerned, I should like to see it here in Toronto.

Mr. Nicholson: In the Conference of Charities and Correction we went out of the Province a year ago to Montreal, and this year to Winnipeg, and we had the most enthusiastic and best attended meeting we had anywhere, and as you say, to call an institution Canadian it ought to be Canadian more than in name. We had a very strong invitation to go to Calgary, but we out-voted them and brought them back to Toronto.

Mr. John Ross Robertson: What proportion had you from the east?

Mr. Nicholson: We had a very good attendance.

Mr. John Ross Robertson: How many?

Mr. Nicholson: About thirty.

Mr. John Ross Robertson: When we were at Montreal what representation had you?

Mr. Nicholson: I think our representation from Ontario was the largest of any, but we were overshadowed by that other welfare convention down there, so we did not succeed so well as we ought to have done.

The President: If I may be permitted to say a word, ladies and gentlemen, while I feel that we should go to the different places, London, if you please, Montreal, Winnipeg, Toronto, or whatever place, it seems to me that until our Association is settled and until we have created sufficient enthusiasm to get the people out, I do not think that any amount of going to Vancouver or any other place will get the people out; I think that each and every one of us must feel responsible in bringing somebody with us, in circularizing it and putting before them the merits of the Association and so forth. We are only a few hospitals anyway, seventy-nine if I remember rightly in Ontario, and in Quebec you have a number of them, and in the West you have a number, but still the representation has been fairly good. We cannot expect to do much better with even the full attendance of all the superintendents in Canada. However, I am willing to do whatever the others do. But I think, personally, that we should remain in Toronto another year. I am sure that we receive splendid treatment from the Toronto General and from all our associates in Toronto, and we can but circulate these things to the other hospitals. It is a central place, it is half way in a sense between the Atlantic and par-

ticularly a certain part of the West, and I do not see any reason for changing just at present. Now we have changed once or twice, and while the meeting at Montreal was a success, I think at other places it was not just the success that we had anticipated, and I think that we should be very careful about moving just at present to a different place.

Dr. Dobbie: Perhaps some information as to the number of hospitals in the different provinces would help us. In British Columbia, 15; in Manitoba, 14; in Alberta there are 13, and in Saskatchewan, 8. That gives you an idea of the number of representatives you can get from the West. I have not the figures for the other provinces.

Mr. John Ross Robertson: The Association is a sort of dead wire for three parts of the year, and it is a live wire for the remaining three months of the year. No exertion was made until a few weeks ago to get it into operation and the papers prepared. The American Association is kept alive all the year round. We could not get men like Dr. Clarke and Dr. Kavanagh to travel to Winnipeg or to Calgary. This Association should be kept alive all the year round. It is a pity that there is not a paid official, a secretary or somebody, to keep it alive all the year round. Now the people only know about three weeks before a meeting is held.

Dr. Parke: I believe the percentage of representatives at this meeting is as good or better than the percentage at the American Hospital Association.

Dr. Kavanagh: What did you say?

Dr. Parke: I believe that the hospitals of Canada are as well or better represented in this Association than the hospitals are represented in the International Association. I was not at the last meeting that was held, but at the one before that I was present. We counted noses there and we had a greater percentage of representatives from Canada attending the International meeting than they had over there, right on their own ground. You remember that, Miss Aikens, we went around and found out everybody that waved the Union Jack.

Mr. Webster: If Dr. Boyce thinks it is best to have it in Toronto next year, I am perfectly willing. I personally will withdraw mine.

THE PRESIDENT: It is only a suggestion on my part.

DR. DOBBIE: We had considerable difficulty this year to decide the best time to meet, and when we did decide on Thanksgiving Day we had considerable difficulty to find out when Thanksgiving was to be. If they think another season of the year, the spring of the year, would be better, let it be understood, and then we will have something definite to go on.

MR. JOHN ROSS ROBERTSON: I think September would be a good month.

THE PRESIDENT: The American Hospital Association—perhaps I am giving out information I should not—meets next year in the last of August, and it seems to me that many of us like to go to the American Hospital Association, and it would come immediately before the Canadian, and you know the Boards of Trustees do not like their superintendents to be away two succeeding months.

MR. JOHN ROBERTSON: Why not in May?

THE PRESIDENT: We had it at Easter time once or twice. It seems to me this is the best time in the year if we knew when Thanksgiving was to be.

MR. JOHN ROSS ROBERTSON: What has Thanksgiving got to do with it?

THE PRESIDENT: Cheap rates. I think if we do not have it on Thanksgiving, we would have the best attendance at Easter time. The Nurses' Association met in May this year, and of course that prevented us holding this Association on May 24th. They meet every year, as I understand it, in May, so it does not do to clash with the Nurses' Association. I think the best time would be Easter.

MR. JOHN ROSS ROBERTSON: Why not hold them both at the same time; they won't mix? (Laughter.)

THE PRESIDENT: It seems to me the best time is perhaps Easter. We know, then, it is practically settled. I asked the member when Thanksgiving was to come, and he did not know, and we could not tell. We knew this about a month beforehand, so I think in that case Easter time would be the best.

DR. YOUNG: Here you have lots of people who come from a distance, that do not come to Toronto for the meeting only, and here we have been busy ever since Monday and right up

until to-night, and everybody who wants to have a little time to look around the city will have to get their ticket extended and pay the other third anyway. I think I would disregard the cheap rates altogether.

THE PRESIDENT: That is to leave it with the Executive to decide the time?

DR. YOUNG: Yes, to leave it with the Executive.

THE PRESIDENT: Why not have a motion as to the best time? I think there are sufficient here. It is better for a dozen to decide than for two or three.

DR. PARKE: I did not rise when Montreal was mentioned, and I do not want to say that you won't be welcome to Montreal and to the "greatest hospital in the world," but it must be remembered that all the members and superintendents of the Montreal General Hospital are members of this Association; all the members, all the superintendents, that is of the Protestant hospitals. Now I am perfectly satisfied that you are going to gain membership by moving round, and that is one of the ways the American Hospital Association has increased. We have not as many great centres, or as well arranged hospitals. Therefore, I move that the meeting be held about Easter time of next year in Toronto, and that your scheme of circularizing be carried out to see what effect it has next year.

MR. JOHN ROSS ROBERTSON: When does Easter fall next year?

THE PRESIDENT: I think it is in April.

MR. NICHOLSON: I think the Eastern Passenger Association have enjoyed cheap fare rates—to Winnipeg, single fare for the round trip.

MR. JOHN ROSS ROBERTSON: I think there is a new rule in operation. I was told the other day that there was. I second that motion.

THE PRESIDENT: Moved by Dr. Parke and seconded by Mr. Robertson, that the next meeting of this Association be held in Toronto about Easter time next year.

(Carried unanimously.)

Next, the auditors' report. It seems that some of the members of this committee were not present, or at least they had gone away at the time.

(Reads report.)

I move that it be adopted. Seconded by Dr. Young.

(Carried.)

The next report is that of the Nominating Committee.

(Reads report.)

Moved by Mr. Webster, seconded by Dr. Haywood, that these be the officers for the ensuing year.

(Carried.)

I have much pleasure in asking you, sir, to take the chair (addressing Dr. Young).

(Applause.)

I am sure that we are delighted to have you take charge of the proceedings for next year.

Dr. Young: Ladies and gentlemen, I am so surprised that I really do not know what to say or how to thank you. When I started to take an interest in the American and Canadian Hospital Associations four or five years ago, I had no idea that I would ever be elected to an honor of this kind. It is particularly gratifying to me, and I am sure that it will be gratifying to my confreres in the Hospital for Insane to think that one of their number has been elected to the place of honor in an Association which is really a General Hospital Association, and I think that it will perhaps stimulate them, and I hope that some of them will soon be taking an interest along with myself in this Association, because there is no problem that you have to meet that they are not up against as well. If they could only attend the meetings I am sure that they would derive great assistance from the discussions and papers. I heartily thank you, I assure you, for the honor you have done me.

Before the meeting adjourns I think we should extend a vote of thanks to Dr. Boyce. (Applause.) Probably it is not known to more than one or two that this meeting came very near not taking place. The interest for some reason or other appeared to be lax, and one difficulty after another showed up, and Dr. Boyce, singlehanded almost, has pulled the thing

through, and I hope it is off for a fresh start. I am sure that we all appreciate what sacrifices Dr. Boyce has made for this Association, not only this year, but in previous years. (Applause.)

Mr. Webster: I hate to be getting up all the time, but I cannot allow this meeting to close without moving a resolution to Dr. Dobbie, who has done so much for this Association, and has taken it on again this year. I think it means a lot to this Association.

I would also like to couple with that a vote of thanks to be extended to the Toronto General Hospital for their kindness in giving us this room and all the privileges they have given us. I would like, with your permission, to add Miss Gunn and Dr. Clarke and the Trustees.

The President-Elect: It has been moved and seconded that a vote of thanks be extended Dr. Dobbie for the efficient way he has discharged the duties of secretary. I knew him a long time ago, and I know that he has peculiar qualities that make him a most energetic and efficient secretary, and he certainly does a good work in keeping the Association in shape. A vote of thanks has also been tendered to the Trustees of the General Hospital, Dr. Clarke and Miss Gunn for their kindness in giving us the use of this splendid room. (Applause.)

Dr. Dobbie: Mr. President, I just rise to say that it is really wonderful what little one can do and at the same time reap such a large share of credit which should be distributed to others more energetic and more worthy. I wish to take the opportunity in accepting the vote of thanks to set myself right by stating to you that the major part of the work that I should have done was done by your President, Dr. Boyce.

Dr. Clarke: On behalf of the Trustees, Miss Gunn and myself, I thank you. The pleasure has been altogether ours. It has been an advantage to have you here and profit by availing ourselves of the criticism that has been offered.

The President-Elect: If there is no further business the meeting is adjourned.

THE AMERICAN HOSPITAL ASSOCIATION

Readers of THE HOSPITAL WORLD will please note the following corrections in the preliminary program:

Page 3—10.00 a.m. change to 9.30 a.m. 10.30 a.m. change to 10 a.m.

Page 6—Dr. Wm. B. Walsh, Chief Resident Physician, Philadelphia General Hospital. Change to Dr. Wm. H. Walsh, Superintendent Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

Page 7—Mr. Frederic B. Morlock, Superintendent Flower Hospital, New York City. Change to Memorial Hospital Richmond, Va.

Page 8—10.30 a.m. Change to 10 a.m.

Page 10—Miss Mabel McCalmont's address should read 52 Wall Street, New York City.

Page 14—10.30. Change to 10 a.m.

Page 17—Dr. S. S. Coldwater should be Dr. S. S. Cold, Commissioner of Health, New York, N.Y.

Page 18—Dr. S. S. Coldwater should be Dr. S. S. Cold, Commissioner of Health, New York, N.Y.

4. Report of Committee to Consider the Grading and Classification of Nurses. Miss Charlotte A. Aikens, Chairman, Detroit, Mich.

General Discussion.

Page 15—

1. California and the Eight-Hour Law. Miss A. A. Williamson, Supt. California Hospital, Los Angeles, California.
2. Report of Committee to Memorialize Congress to Place Hospital Instruments on the Free List. Rev. Geo. F. Glover, D.D., Chairman, Supt. St. Luke's Hospital, New York City.
3. Report of Special Committee on Bureau of Hospital Information. Dr. W. H. Smith, Chairman, Supt. Johns Hopkins Hospital, Baltimore, Md.
4. Report of Committee on Legislation. Dr. Wayne Smith, Chairman, Supt. Harper Hospital, Detroit, Mich.
5. Other Committee Reports.
6. Report of Committee on Time and Place of 17th Annual Conference.
7. Report of Nominations Committee.

8. Election of Officers.
9. Introduction of President-Elect.
   Adjournment.

THERE will be a non-commercial exhibit at the St. Paul meeting of the American Hospital Association. Articles invented, designed, improved or arranged by hospital workers—articles not ordinarily found in catalogues are solicited. There will be an exhibit from all clases of hospitals—children's, orthopedic, tuberculosis, eye and ear, infants'; also a training school exhibit. Hospitals having anything to send should forward the same to Miss Lydia H. Keller, Supt., Cobb Hospital, St. Paul, Minn.

The enthusiastic and friendly secretary has written as follows:

"FELLOW MEMBERS,—Now is the time to prepare for the great hospital convention at St. Paul, Aug. 25, 26, 27, 28.

"Mr. Bacon has made arrangements for the members who go by way of Chicago to spend a profitable day visiting the large institutions there.

"Over 400 have applied for conveyance on the Association's special trains leaving Chicago midnight August 23rd. This train will convey the members along the beautiful valley of the Mississippi.

"At the Boston conference the American Hospital Association passed a vote to make hospital physicians, surgeons, pathologists and superintendents of nurses eligible to membership in the Association.

"It was felt, as these people represent a most important side of the hospital's activities, they should be represented in the Association. There is no doubt, if they will attend the meetings and participate in the discussions, that it will greatly advance the interests of the Association and tend to the development of co-operation and harmony.

"As the St. Paul convention is nearing, I am naturally anxious to secure a large number of applications for membership, and I am writing this letter to ask your continued and valued assistance. I know that a word from you to the members of your attending staff and superintendent of nurses will carry more weight with them than a dozen letters from me. This is my excuse for troubling you instead of writing direct to them.

"The annual dues for associate members are $2. I am taking the liberty of enclosing a few application blanks for your use."

Hospital Intelligence

CANADIAN

Certain additions to the Dorchester St. East Hospital, Montreal, are under consideration. Ed. & W. S. Maxwell, 6 Beaver Hall Sq., are the architects.

The new Summerland Hospital, B.C., is expected to be completed before August, tenders having now been issued.

A new hospital is proposed for Gananoque—the doctors, the King's Daughters and the fraternal societies are interested.

Work has recommenced on the Saskatchewan Sanitarium, at Fort Qu'Appelle. The site comprises 230 acres. A part of the first floor of the main building is completed. The Government has promised $100,000, contingent on the Saskatchewan Anti-tuberculosis League raising a similar amount. In 17 Saskatchewan hospitals 260 tuberculosis cases were treated in 1913; and this represented only a portion of the sufferers. The new sanitarium will be fireproof. The architect is J. H. Puntin. It will cost $225,000.

The Herbert Board of Trade (Sask.) have recommended a hospital for the municipalities in that vicinity. The Vermillion Hills municipality is willing to co-operate. Ten acres have been set aside in Herbert for the institution. The cost will be about $25,000.

Chatham, Ontario, will have a new isolation hospital. Dr. W. R. Hall, M.O.H., has visited various isolation hospitals for pointers.

The Children's Hospital in Hamilton is completed. Its chief benefactor is Mrs. Jeanette Lewis.

Work on the new Provincial Jubilee Hospital has begun. Only Britishers are allowed to work on the job.

The St. John (N.B.) *Times* says that the accommodations for tuberculous patients in its environs are sadly lacking, and a "disgrace to any so-called Christian community." A tuberculosis hospital is badly needed. Eighty thousand dollars has been voted for such an institution, which will be erected on the east side of St. John. F. Neil Brodie is the architect.

The Royal Columbian Hospital, New Westminster, B.C., is completed.

A handsome new wing has been added to St. Luke's Hospital, Ottawa. This brings St. Luke's quite up to date, with its new operating rooms, new dispensary, new kitchen, indirect lighting, modern heating and ventilating. Dr. W. E. Caven is Superintendent.

The new wing of the Regina General Hospital is completed. Miss Turner, Superintendent, has taken on 30 new nurses. A pathologist and two internes have been appointed.

A new isolation hospital is to be built in Fredericton, N.B. J. F. McMurray is on the building committee.

A Catholic hospital is talked of for Brantford, Ont. Very Rev. Dean Brady is looking out for a site. It will be under the care of the Sisters of St. Joseph.

Sydney, N.S., is to have a fine new hospital. The old Brooklands Hospital there was recently destroyed by fire.

G. A. Henderson, Esq., has been elected again president of the Vernon Jubilee Hospital.

A new hospital has been opened in the Gulf Islands, B.C. It was opened in May by Hon. Dr Young. The Superintendent is

Miss Colquhoun, of London and Dublin. Corporal Newens., late R. A. M. C., has been appointed male attendant.

A site has been selected for a tuberculosis hospital at Calgary.

Tenders for the new hospital at Walkerville, Ont., were found to be too high. Contractors have been asked to revise their figures.

An $80,000 hospital is to be built in North Winnipeg, for 50 patients.

St. Joseph Hospital, London, Ont., is making a $100,000 addition.

Brantford is providing a smallpox hospital.

A new hospital is to be built at Kelowna, B.C. It will be ready this fall.

AMERICAN

A $35,000 Italian hospital is to be built in Paterson, N.J.

Four additional buildings are being erected in connection with Mount Sinai Hospital, N.Y.

The Long Island State hospitals have been undergoing special inspection as a result of charges of bad conditions by the Federal inspectors.

A $30,000 addition is being made to the Hospital for Women and Children, Newark, N.J.

The new tuberculosis ward building of the City and County Hospital, St. Paul, Minn., has been completed, costing $125,000.

Dr. George Conderman, of Hornell, N.Y., has given a site for a hospital.

$20,000 will be spent in improving the City Hospital, Binghampton, N.Y.

$150,000 were raised for St. John's Long Island City Hospital in early June.

Central Islip Hospital was investigated on the charge of using ancient eggs and decomposed meat.

A tuberculosis hospital is to be built in Watertown, N.Y.

The corner stone of the new Emergency Hospital, Washington, D.C., was laid by Senator Gallinger.

A new $250,000 hospital is to be built in Kalamazoo, Mich.

St. Anthony's Hospital, Woodhaven, N.Y., is to be used for the housing of tuberculosis patients.

The College of Physicians, Philadelphia, was addressed by Dr. Richard Cabot, on social service. Dr. David L. Edsall spoke in "The Relations of the Medical Staff to the Administration," and Dr. William S. Thayer discussed "The Responsibilities of the Medical Staff."

A new hospital is to be built at Sellwood, Ore., costing $15,000.

Owing to disgraceful conditions discovered in Comberland Street Hospital, New York, the resignations of the Superintendent, the head of the training school, and the matron, have been called for. Men with fractured legs in casts were found lying on the floor on mattresses which had been condemned several years, and through which in numerous spots the floor could be sounded.

A new men's ward is to be erected at the State Hospital at Providence, R.I.

The New Lebanon Hospital in Philadelphia has been remodelled and equipped at a cost of $25,000.

The German Hospital in Greenville, N.J., is completed.

The Sisters of Providence, at Holyoke, Mass., are building a new hospital.

A $2,000,000 State hospital will be ready by January 1st next for Ohio. It is located near Lima, Ohio.

The New York Hospital and the Presbyterian came in for large shares of the estate of Miss Elizabeth Thompson. The deceased left $3,000,000, all told.

A large county hospital is recommended for Milwaukee. Of 6,400 persons incapacitated through sickness or accident, 1,444 were financially unable to take care of themselves. There is one bed for every 347 inhabitants.

A $250,000 addition is to be made to the Willard Parker Hospital, New York City.

A social service department has been added to the Boston City Hospital.

A new Catholic Hospital is planned for Mason City, Ia.

Two baby hospitals have been erected on street piers in Philadelphia.

The People's $90,000 Hospital, Peru, Ill., is completed.

A new isolation hospital is proposed for La Salle, Ill.

The Robert W. Long $250,000 Hospital, Minneapolis, is completed. It will be associated with the University of Indiana Medical School. It is the gift of Mrs. and Mr. Robert Long.

Dr. T. B. O'Keefe, Grand Rapids, Mich., is building a sanitarium, to cost $20,000.

There is a new tuberculosis hospital at Ancora, N.J.

It is reported that the Beth Israel Association of New York City has purchased a site for a million dollar hospital.

Dr. S. S. Goldwater opposes the expansion of hospitals as health centres. He holds that this work belongs to the Department of Health. A large Board of Trustees, a smaller board, or a single commissioner might satisfactorily administer the city hospitals. The project to put all hospitals of the city under a new department of hospitals is being favorably considered by those who have recently made an investigation of the city hospital for the Mayor.

A sanitarium for tuberculosis is to be opened at Tahlegach, Okla.

The Sisters of Charity at McAlester, Okla., will build a hospital.

A new Indian hospital is to be built at Lawton, Okla., to cost $40,000.

The operating room of the Homeopathic and Surgical Hospital at Reading, Pa., has had to be moved to another part of the building, as a result of a law suit brought by some of the nearby residents of the hospital.

A new city and county isolation hospital is to be built at Superior, Wis.

A new emergency hospital is asked for by the Medical Society of Milwaukee, for that city.

Montreal is to have a floating hospital for sick children.

The Foresters are establishing a sanitarium near San Fernando, Cal.

Millville, N.J., is to have a $20,000 municipal hospital.

3,000 patients in the Hudson River State Hospital have been vaccinated.

A $200,000 dispensary is being built in New York City.

Through the co-operation of the General Memorial Hospital and Cornell University Medical College, New York is to have the largest and best equipped cancer hospital in the world. More than $1,000,000, exclusive of the value of the hospital buildings, is already at hand to form the basis of the institution, which will also have a large supply of radium at its command, and the results of years of research to draw on. Ninety beds will be devoted to cancer patients.

St. Anthony's Hospital, at Woodhaven, near Brooklyn, was blessed early in May. It will accommodate 700 patients.

The New York Saturday and Sunday Association recently apportioned $110,000 among the forty-seven New York Hospitals.

An effort is being put forward to raise $25,000 for an addition to St. Mary's Hospital, Jamaica, N.Y.

The new Utrecht Dispensary, New York, is to develop into a hospital. A lot on 36th St. has been purchased for the purpose.

It is proposed to enlarge the Macon City Hospital, Georgia, by expending $100,000 on an addition. Rev. R. E. Douglas is President of the Board.

The Delaney investigators charge gross mismanagement of the State Hospitals of New York State. Of eight million dollars, one-half goes for wages—11,000 persons being employed to care for 30,000. Many patients admitted to increase institutions' population, on which salary additions are based, it is alleged.

A special campaign was conducted in May for Mercy Hospital, Baltimore. Some $300,000 were raised.

The Jewish Maternity Hospital in Philadelphia is completed. Cost, $75,000.

The Illinois Central Railroad has purchased a tract of land in Chicago for an employees' hospital. It will cost $400,000.

$100,000 have been recently raised for the Passaic General Hospital.

Miss M. M. Taylor has bought the Physicians' and Surgeons' Hospital, of San Antonio, Texas, for $75,000. She has operated the hospital for three years.

A special campaign in aid of Alexandria Hospital, Alexandria, Va., has recently been carried on, some $30,000 being realized.

Mr. James E. Deering has given the Wesley Hospital $1,000,000 as an endowment fund. He stipulates that Wesley shall be a teaching hospital of high standard. A free dispensary is to be maintained, as well as a clinical laboratory.

It is proposed to erect a new quarantine hospital in Niagara Falls, N.Y., in a more central location.

A special campaign has been completed on behalf of the North Hudson Hosiptal, and $60,000 realized.

George W. Elkins has erected the Abington Memorial Hospital in memory of his wife. It cost $100,000, and was opened on May 15, 16 and 17.

UNITED HOSPITAL, PORT CHESTER, N.Y.

The United Hospital, at Port Chester, New York, completed a twelve-day campaign for endowment on June 17th. This hospital serves Port Chester, Rye and Harrison. The buildings are new and are free from debt. The object of the campaign was to secure an additional endowment fund. It was stated that $10,000 of the amount raised would be used for current expenses. The objective of the campaign was $100,000 or more. The sum subscribed slightly exceeded $112,000. Mr. W. A. Bowen, of Waterville, Maine, was the leader of the campaign. Perhaps one very large gain to the hospital, as a result of this campaign consists in the large interest that was awakened throughout the entire community in the hospital, as a community institution. In the past there have been a limited number of contributors. Fully 3,000 people subscribed toward the campaign fund.

GRADUATION EXERCISES, TRAINING SCHOOL FOR NURSES, HOSPITAL FOR THE INSANE, HAMILTON

A BRILLIANT success was the fourth graduation exercises of the Training School for Nurses of the Hospital for the Insane, Hamilton, on June 17th. A large number of people turned out, gaily gowned, and almost every shade was seen against the fresh verdure of the trees and shrubs. Excellently well situated for such a function are the beautiful grounds, with their winding drives, shady trees and profusion of flowers.

On one of the east lawns an improvised platform was erected, beautifully decorated with palms and huge bowls of marguerites and roses. On the platform were His Lordship the Bishop of Niagara, Dr. English, Dr. McNaughton, and Mr. Rogers and Mr. W. W. Dunlop, inspectors of hospitals, from Toronto.

Miss O'Donnell and as many of her nurses as could be spared from the wards, with the graduating class, were seated, in their uniforms, in the front rows of chairs just below the platform.

Dr. English presided, and in his opening remarks gave a very warm welcome to all present, and said that after a period of three years' training and most thorough examinations, the nurses received their diplomas, and that the Government of the Province was determined to make these training schools the very best in the land.

Dr. McNaughton then administered the Florence Nightingale pledge to the graduation class.

Dr. English called upon His Lordship Bishop Clark to address the class and to present the diplomas to Misses Annie Wallace, Sarah T. Weir, Annie T. Mooney, Mabel Partridge, Florence Petten and Louise O'Keefe. Mrs. English presented the graduation pins. Mr. W. W. Dunlop, at the request of Dr. English, presented Miss Annie Wallace with a silver mounted thermometer for being first in the graduation class.

The hospital orchestra, under the leadership of John Glebe, furnished many excellent selections, and brought the exercises to a close by playing the National Anthem.

Refreshments were then served from a marquee centered in a circle of pine trees, beautifully decorated with ropes of daisies brought from the centre of the ceiling and down each post, with huge bowers of flowers in between. The long table was centered with a silk maltese cloth and prettily arranged with syringa and pink carnations in large flower bowls.

Mrs. McNaughton and Mrs. Webster poured tea and coffee; Mrs. Robertson, assisted by Miss O'Donnell, was in charge of the ice cream and strawberries.

The annual dance, which brought to a close the graduation exercises, was the most delightful ever held in the institution. The hall and platform were beautifully decorated with palms and quantities of flowers. The floor was in perfect condition for the dance, and every detail of the evening contributed to the comfort and enjoyment of the two hundred or more present. The orchestra of the institution supplied a programme of unusually delightful numbers. Much of the success of the evening was due to the energetic superintendent and Mrs. English and the staff of officers. A dainty buffet supper was served from prettily decorated tables. The bright faces and uniforms of the nurses and the gaily colored gowns of the guests made a scene not soon to be forgotten.

Book Reviews

Diseases of Women. By Florence E. Willey, M.D., M.S., B.Sc., London. The Scientific Press, Limited, 28 and 29 Southampton St., Strand. (Two shillings net.)

In her preface the author, who is a physician for the diseases of women, a teacher and an examiner in obstetrics, states that her aim is to show a good reason to the nurse why she is asked to carry out certain methods. Much bad nursing, she contends, is the result of nurses working without understanding the reason why they are asked to carry out certain methods. They are working in the dark.

There are nineteen concisely written chapters in the little work, dealing with the anatomy of the female genitals, the examination of the patient, instruments and accessories, tamponage, use of the catheter and douches. Then follow chapters on menstruation and its disorders, inflammation, displacements of the uterus, diseases of the adnexae, and the nursing of venereal diseases. Chapters ensue on the preparation for the various gynecological operations, dilatation and curettement. The after-care of abdominal cases, complications following abdominal operations, and a chapter on gynecological emergencies complete the volume. We should like to see such a practical little volume widely read on this side of the water. Send fifty cents for it.

Hospitals Sisters and Their Duties. By Eva C. E. Luckes, Matron of the London Hospital. The Scientific Press, Limited. (Two shillings and sixpence net.)

As the title indicates, this is a nursing manual dealing largely with the ethics of the profession in the relations of the head nurse, or sister, as she is termed in English hospitals, toward her staff nurses and probationers, and toward her patients, with chapters also on ward management. That the book is in its fourth edition is evidence of its popularity among the members of the profession across the water.

A Continental Holiday. By Grace Vallois. The Scientific Press, London, Eng. Price, one shilling.

The author of this pleasant little volume writes, she avers, for nurses, and incidentally for "all fellow-travellers with slender purses," which ensures a wide circle of readers. Her informative talk takes London as the starting point, and from it she sends her slender-pursed travellers on one week, ten day, and fortnight holiday trips which, she states, can be made at the cost of from five to seven pounds. She devotes some first pages to useful hints concerning clothes, luggage and railway methods, and in succeeding chapters describes in chatty fashion little journeys to the Ardennes, St. Malo, Amsterdam, Bruges, at the above cost; while a fortnight at Lucerne and Florence are outlined at eleven and thirteen pounds respectively.

The book is readable and illuminative—valuable not alone to nurses, but to all women travellers who seek a charming yet inexpensive holiday.

Burdett's Hospitals and Charities, 1914. Being the Year Book of Philanthropy and the Hospital Annual; Containing a Review of the Position and Requirements, and Chapters on the Management, Revenue and Cost of the Charities. An Exhaustive Record of Hospital Work. It will be found to be the most useful and reliable guide to British, American and Colonial Hospitals and Asylums, Medical Schools and Colleges, Nursing and Convalescent Institutions, Consumption Sanitaria, Religious and Benevolent Institutions and Dispensaries. By Henry Burdett, K.C.B., K.C.V.O. Twenty-fifth year. London: The Scientific Press, Limited, 28 and 29 Southampton St., Strand, W.C.

We make no apology for quoting in full this quaint, pregnant title page, as it presents to our readers an epitome of the contents of the volume. With a degree of pardonable pride, the versatile, energetic and many-sided author, in his preface, calls especial attention to the immense amount of accurate and useful information contained in this number. He mentions with particular pleasure the splendid gift of Sir Julius Wernher, amounting to £500,000, to the King's Fund, which Fund Sir Henry had so much influence in inaugurating through his strong per-

sonal friendship with the late King Edward and with the other original contributors to the Fund. Canadians will remember that Lord Strathcona and Lord Mountstephen placed the Fund on its first firm basis by their magnificent gifts toward it.

The Annual is both a compendium of hospital information and a hospital directory. It would be as easy to review a dictionary as so extensive a work as this. It is the greatest and most collective volume of its kind in the world, and should be within reach of every hospital worker of whatever nationality and whatever phase of the work.

A Quiz Book of Nursing. By Amy Elizabeth Pope and Thirza A. Pope, together with chapters on visiting nursing by Margaret A. Bewley, R.N.; on hospital planning, construction and equipment, by Bertrand E. Taylor, A.A.I.A.; and on hospital bookkeeping and statistics, by Frederic B. Morlok. With diagrams. G. P. Putnam's Sons: New York and London. The Knickerbocker Press.

This is a quiz book containing 1,000 questions with answers. These questions relate to the care of the ward; routine care of patients; significance of the more common symptoms; methods of giving medicines; principles of surgical nursing, obstetrics, pediatrics, first aid; duties of a head nurse, of private nurses, and methods of teaching nursing. There are some 50 questions on hygiene, 50 on bacteriology, 350 on anatomy and physiology, 250 on dietetics, and 150 on materia medica.

It reads like a dictionary. For students before examinations it affords one method of review. Taylor's chapter on hospital construction is pithy and good and Morlok's chapter on hospital bookkeeping useful to those in charge of the larger hospitals.

Immunity. Methods of Diagnosis and Therapy and Their Practical Application. By Dr. Julius Citron. Translated from the German and edited by A. L. Garbat, M.D. Second Edition. Philadelphia: P. Blakiston's Son & Co. 1914.

This little book of Citron serves a certain purpose in presenting in concise form material otherwise only available in laboratories possessing the large systems dealing with the sub-

jects of bacteriology and immunity. So much work has been done, particularly in immunity, that even the more pretentious German "Handbuchs" on the subject are often remiss in their treatment of the most recent contributions. Some of these books however, especially those of German and French origin, have the more serious and annoying habit of quite ignoring the English and American literature. Citron has emulated some of his colleagues in this particular and an otherwise admirable book leaves itself open to strong criticism.

A concrete instance of the point complained of occurs in the section devoted to the work on chemotherapy, where Wolferstan Thomas's work with atoxyl is completely ignored. This is perhaps of less moment than a statement on page 71, which reads: "Koch's differentiation between bovine and human tuberculosis led to attempts," etc. This is a typical example of the methods of a certain type of German laboratory worker. Theobald Smith, who is absolutely entitled to the credit for this work, is not even mentioned, and Koch is given the credit.

One cannot, therefore, fairly say that the book has any pretence to consideration other than that of a small laboratory guide in immunity, presenting many methods, some of them of value, others worthless (e.g., Much-Holzmann test), but all of them, according to the author, made in Germany and for German consumption. The English edition, one would expect, would supplement and include these omissions; this has not been done however.

It is the opinion of the writer that those who are guided by this book will have a very biased and one-sided knowledge of immunological methods and not one that will qualify them to do the best work in the field of immunity.

It is unfortunate, but it is true, that this manual cannot be recommended as a substitute for either Kolle and Wassermann or Kraus and Levaditi; and this seems to have been the author's aim in compiling the book.

J. G. F.

The Hospital World

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Editorials

REALIZE ITS VALUE

THE transactions of the seventh annual meeting of the Canadian Hospital Association have just come to hand; a little delayed, it is true, since the meeting referred to was held in October last. But the contents make instructive reading for hospital workers at any time, and all times.

In our July issue, we referred to the very commendable annual government report of the hospitals and charities of Ontario. This report of hospital conference may be regarded as a supplement in detail, and, taken with the former, indicates the high standing and understanding of the hospital and its allied departments of work, in this portion of Canada.

The Department of Charities, under the administration of the present Provincial Secretary, is one of the most alert and progressive departments of the Ontario Legislature, and it has been quick to perceive the educative value of these conference discussions. It gives them permanent annual record through the government printing bureau, thus placing them without charge in the hands of every Canadian hospital worker. By applying to the Department the furthest off pioneer mission hospital in the mountains or on the prairies may have the benefit of the papers read and discussions carried on by the Canadian hospital workers who are within reach of the place of meeting.

While between the large city hospital and the small temporary building constructed for pioneer needs there is a tremendous stretch, yet it is filled all the way by institutions graded according to local needs. Each of these have certain problems in common, one or more of which are sure to be discussed at every hospital conference. It is a matter of discovery to those who attend such gatherings that what they imagined to be their own particular little problem is

also the problem of one, two, or a dozen other hospitals, who have tried, and found in part at least, some method of solution. And in this lies the great value of the verbatim report.

One of the features of the transactions is the practical nature of the subjects discussed at the conference. With the exception of Dr. Porter's little allegory concerning tuberculosis, in which, however, he conveys and emphasizes a very practical truth, the papers deal chiefly with the simple things of hospital life. Take, for instance, Dr. Howell's paper, "Points for Inexperienced Hospital Superintendents in Purchasing and Receiving Supplies"; many of the suggestions he gives are as useful to the hospital of twenty beds as to one of two hundred beds.

"Sanitary Precautions in Hospitals," by Dr. Amyot, is another paper full of points perhaps even more needed by the smaller and less well-equipped hospitals than by the larger city ones. The fly, the dealing with garbage, the care to be given milk, the transfer of diseases by the hands and mouth—are surely problems often most difficult to deal with in country places.

Miss Ross Green's paper on the care of incurables is provocative of serious thought concerning a sorry problem that harasses both large and small hospitals. And certainly Miss Goodnow's about hospital planning from the woman's point of view should be most helpful to the many women on hospital boards, or who are heads of such institutions.

Miss Aikens, of Detroit, Dr. Bradley, and Dr. Kavannagh, of Brooklyn, take up the subject of nursing in various phases. Miss A. Aikens is so extensively a student and educator in this line of work that every sentence she utters is packed with pregnant truth. Dr. Bradley is associated entirely with the new movement to provide home nursing for the middle classes. While the Brooklyn Hospital superintendent, first giving many good points concerning the business side of hospital administration, turns his batteries on what he aptly terms the principle of trades-unionism, with trade union prices, which at present govern so many able nursing leaders.

Color schemes in hospital wards, by Dr. Wayne Smith, of Detroit; team work in the hospital, by Dr. Hornsby, of Chicago, are two practical papers dealing, respectively, with external and internal hospital matters, and are full of points for inquiring workers.

Mr. Webster, of the government department, epitomizes the regulations concerning Ontario Government grants to hospitals.

Apart from these published papers, Dr. Webster, of the Royal Victoria, Montreal, and Dr. John N. E. Brown, of Detroit General Hospital, broke the oral routine by showing and explaining lantern slide views of hospital appliances, and of English and German hospitals in construction, respectively.

The Secretary, Dr. Dobbie, and the executive generally, are to be congratulated on the programme presented. To quote Dr. Boyce, in his presidential address: "It is very short-sighted policy on the part of

Canadian hospital boards not to insist upon its superintendent attending the meeting of the association. Many thousands of the people's money have been saved in this way."

When the absolute dollar-and-cent truth of this statement is realized by hospital authorities, it will be made an imperative condition by trustee boards, if not by the government department, that each hospital should be represented at these annual conferences. Until then it is next best and equally imperative that a copy of this government issued report should be applied for by every hospital in Canada.

GREATER CARE IN OUT-PATIENT WORK

As time goes on, the slap-dash methods of examining out-patients and the prescribing of "shot gun" prescriptions will become less frequent. Such methods have brought the medical profession more or less into disrepute and enlarged the army of christian scientists and other quacks.

To make a diagnosis takes time. No man can properly handle forty cases in the out-clinic hour, nor thirty, nor twenty, nor ten. If he does four or five or even fewer average cases he does enough. Such intensive study is good both for the patient and for the physician.

In every large out-patient dispensary it would be well to have a differentiating examining physician—a man of experience, discerning, tactful and kindly.

In doubtful cases, he might refer the patients to one department after another until the correct diagnosis was made. Some such case might require a stomach analysis, a blood examination, a skiagraph, a special examination of the eyes, etc. Between each examination the case would report to the differentiating officer or his assistant, who would collate the findings and give direction as to the final department to which the patient would go for treatment.

The time has passed when out-patients pass like dumb-driven sheep in and out of a pen, with only cursory professional attention. The scientific, humane element must obtain in future. Skill plus kindness must supersede pretence plus routinism.

A very limited number of out-patient departments only are doing the right sort of work. The more one hears of the work of the average out-clinic, the less occasion he has for gratification at the quality of work done.

One must not omit to mention the thousand-fold improvement in the out-patient work in New York City, as relates to the division of the work among the various out-door agencies, the standardization of the treatment, the social service movement, which followed the serious study of conditions there. But the wholesale methods of examination and treatment to too great an extent still prevails.

Original Contributions

*PRESIDENT'S ADDRESS

By Dr. Thos. Howell, Supt. New York Hospital, New York City.

Members of the American Hospital Association:

Ladies and Gentlemen,—At the Boston meeting it was voted to admit into the Association as associate members hospital physicians, surgeons, pathologists and superintendents of training schools for nurses.

It affords me much pleasure to announce that a goodly number of these have availed themselves of the opportunity to become members.

Their presence at these meetings will operate undoubtedly to bring about a spirit of helpful co-operation and to enlarge the sphere of the Association's activities. This means increased efficiency for American hospitals. We now have, I believe, the largest and most influential hospital organization in the world.

On behalf of the old members, I wish to extend a most cordial welcome to the new ones. We hope that they will take an active part in the discussions, for we feel that there is much to be learned from them.

I have heard the criticism made that our programmes deal too largely with theoretical subjects to the neglect of the practical every-day ones.

Originally, only superintendents were eligible to membership in the Association and the papers and discussions were strictly along the lines in which they were particularly interested. But, as the Association grew and other hospital workers were invited to become members, it became necessary to arrange programmes that would appeal to the various classes represented in the membership.

The great American Hospital Association of to-day bears but slight resemblance to the little association of hospital superintendents of fifteen years ago, and it owes greater obligations to

*Read at the Meeting of the American Hospital Association, St. Paul, Minn. August, 1914

the public. It is no longer an association solely for superintendents, and I do not believe that many of us want it to be. We are proud of its development along broader lines.

As I view it this Association should deal with the broad, exceptional or involved problems, leaving the simpler and commoner subjects to smaller organizations such as the Round Table of Boston, and the Hospital Conference of the City of New York.

Undoubtedly there is a field for these small, informal associations, and I strongly urge superintendents throughout the country to thus get together in groups for mutual improvement through the interchange of ideas and experiences.

At almost every meeting of the Association there have come up for discussion, in one form or another, questions as to the best plan of organization for general hospitals. A number of excellent papers on this subject have been read, and have elicited much discussion. But so far we, as a body, have taken no decisive action.

This is a question which has many sides and angles, and one which deserves most careful study. New hospitals are being founded constantly and old ones are being reorganized, and their trustees and officers are asking, "What is the best plan of organization for us to adopt?" Unquestionably this Association, representing trustees, physicians, superintendents and directresses of nurses, is the one best qualified to give an authoritative answer to this question. It would appear that this is a matter that might well be referred to a committee for investigation and report.

The Committee on Development in 1908 recommended that the Association should consider the practicability of conducting its business through a Council or House of Delegates.

The desirability of making this change in our method of government becomes more apparent and urgent each successive year. The organization has grown rapidly of late and has now reached a point in its growth where it has become unwieldy in respect to the conducting of its business meetings.

Just as the town meeting is a satisfactory method for governing a village, but is too cumbersome to be employed when the village becomes a city, so with organizations like this—the time comes when primitive methods of government must give way to others more practicable and efficient, even if less democratic.

The rank and file of the members attend the meetings to hear the papers and discussions, to extend their acquaintanceship, to visit institutions, and are not particularly interested in the purely business affairs. Would they not derive more benefit and satisfaction, if they could refer the routine business matters to a representative council of their own choosing?

This would render it possible to present better programmes, as the business meetings now consume time that could be more profitably utilized. It was necessary this year to decline several excellent papers, for the reason that no place could be found for them on the programme.

It would appear that such a council would ensure the stability of the Association by giving it a continuity of administration which it now lacks by reason of the fact that comparatively few persons attend the conventions regularly year after year and participate in the business routine. A study of the lists of those registering at the various conferences shows that the attendance is influenced largely by the geographical location of the convention city.

I would suggest that only those who are qualified by years of experience in the affairs of the Association should be chosen as councillors. They should be elected, not appointed, and should serve for several years with partial retirement each year.

It has been suggested that the membership of the Association should be composed of hospitals rather than of individuals representing hospitals.

The inquiry which suggests itself is whether any considerable number of the institutions not represented at present would unite with the Association if the suggested change were made.

Many hospitals now have from two to eight members in the Association. Would the number of new members be sufficient to offset the loss of the old ones?

It would appear that a hospital which is so small, or which lives its life so far apart from other institutions that its superintendent, at least, is not interested in the Association, is not likely to become interested in its corporate capacity.

As to the expense of membership in attending meetings, is it at all probable that hospitals which are not represented at present would be likely to make such appropriations?

One objection to corporate membership is that it destroys any real test of fitness for membership. If a hospital can become a member, it follows that any person connected with it, no matter how unfitted to occupy the place, can become a component part of the Association with the right to office, to vote upon important questions, and even to use the machinery of the organization for selfish purposes.

It may be stated as a general rule, that we appreciate association membership which we gain by individual merit, and have little regard for honors and opportunities which come to us through outside influences.

Taking everything into consideration, it would appear that it would be better to devise other means for increasing the membership of this organization. One way would be to make it so practical and useful that all institutional people would be compelled to recognize the desirability of becoming members.

Most of you have heard about the Hospital Bureau of Standards and Supplies of New York. This Bureau is an association of hospitals and charitable institutions, maintained by annual dues. It was established under an agreement to which at the present time thirty-four institutions are parties. Having been in existence for over five years, it has passed the experimental stage and may be regarded as a success. The business of this association is transacted by an executive committee composed of hospital superintendents and a purchasing agent. The executive committee, which meets monthly, gives the purchasing agent such suggestions and advice as may be of assistance to him in preparing suitable specifications, and in negotiating advantageous agreements with dealers.

My purpose in mentioning the bureau is to call your attention to the fact that it is a success; and to advise that hospitals, whose geographical location renders impracticable their affiliation with the present association, should carefully investigate the question of co-operative purchasing with reference to the establishing of similar organizations in various sections of the country remote from New York. Such organizations will, I believe, prove not only profitable but educative as well.

"How can we obtain more competent and permanent employees," is a question that hospital officials frequently ask.

To solve this problem is difficult. That hospitals do not pay their employees as generously as business houses pay theirs is well-known, and this undoubtedly operates to the disadvantage of hospitals in securing suitable applicants for positions.

Small wages, long hours and little opportunity for advancement render hospital service unattractive to most persons; and the average employee does not hesitate to sever his connection with the institution at the first opportunity.

This frequent shifting of employees not only seriously handicaps the work of the hospital, but makes it doubly difficult for the permanent force, who in addition to their own duties must be continually training new people for the various positions. It is indeed fortunate that there are in every hospital a few fairly permanent employees. It is their faithfulness that makes possible the operation of institutions. Without them there would be chaos. The trouble is that there are not enough of them.

In an endeavor to render hospital employment more attractive, and thereby secure a more permanent and efficient body of workers, the Governors of the Society of the New York Hospitals decided several months ago to establish a pension system in their institutions—the New York Hospital, the Bloomingdale Hospital for Mental Diseases, the House of Relief and the Campbell Convalescent Cottages. The entire expense is borne by the society, the employees not being required to contribute to the pension fund.

While several of the states provide old age pensions for their hospital employees, private hospitals have been reluctant to take up the matter, fearing that questions of legality might be raised, and that the expense entailed would be prohibitive.

At the New York Hospital no legal obstacles were found, and the expense incurred is not excessive.

The plan adopted provides pensions for employees who have reached the age of 65 years, and who have been in the service of the hospital for 15 years; for those who have reached 60 years of age and have been in the service 20 years; for those who have reached 55 years of age, and have been in the service for 25 years; and for those who have completed 30 years of service, regardless of age.

It is provided that the minimum amount to be paid as a pension shall be $15 a month, and the maximum $125 a month.

The pension allowance for any employee to whom a pension is allowed on account of age or length of service is as follows:

For each year of service an allowance of one per cent. of the average monthly pay received for the five years preceding retirement. To illustrate—an employee in the service for thirty years and receiving an average salary of $100 per month for five years preceding retirement would be entitled to 30% of $100, or $30 a month.

The function of a hospital is generally admitted to be fourfold: the expert care of patients; the teaching of medicine to physicians and medical students; the advancement of medical knowledge; and the training of nurses.

Most American hospitals were founded for the purpose of caring for the sick and injured, and not until recent years has there been any general appreciation of their educational responsibilities.

Hospital authorities, in the past, assumed that if they provided liberally for the care of the sick they had discharged their obligations to the community. Conditions have changed gradually, and many trustees now recognize that the educational function of hospitals is a most important one, in fact only secondary to that of caring for the sick.

One factor which has contributed largely to the lowering of the scientific and educational standards of hospitals, is that the attending physicians have been, through no fault of theirs, dilettanti in hospital work. They have given comparatively little time to it. They have been on duty in the hospital for only two or three months annually and the remainder of their time they have devoted to their outside practice. Naturally then on returning to their hospital duties after an absence of nine or ten months they have found themselves unfamiliar with the development of modern hospital methods. It has been impossible with interrupted services for them to thoroughly qualify themselves as hospital physicians, or as teachers of clinical medicine.

It is the recognition of this deplorable condition which has influenced a number of hospital boards to provide continuous services for their attending staffs. In many other hospitals this

question of continuous service is being discussed earnestly; and it seems safe to predict that eventually a majority of hospitals, especially those in the larger cities, will adopt this plan and thereby increase their scientific and educational productiveness.

It is now quite generally conceded that no physician who is not in constant touch with hospital work can hope to reach the highest rank in his profession, and the time will soon come, if indeed it is not already here, when it will be a generally accepted belief that no hospital which adheres to the old plan of rotating service can hope to attain a commanding position in the hospital field.

In changing over from rotating to continuous service some temporary sacrifice on the part of members of the attending staff will be inevitable. But by exercising a little ingenuity in arranging the services and in making the assignments this can be reduced to a minimum, and in the end the patients, the hospital and the staff will be benefited by the change. The patients, not having frequent changes of physicians, will receive better care; there will be more scientific medical work done; and the educational output will be of a much higher order. Hospitals will be held in higher esteem and will be better supported. This may appear to be a mercenary view to take, but it is nevertheless the correct one, as is evidenced by the splendid support given to those hospitals holding high rank as scientific and educational institutions.

The following is an incomplete list of American and Canadian hospitals which have continuous service:

The Columbia Hospital, Pittsburg, Pa.
The University Hospital, Philadelphia, Pa.
The German Hospital, Philadelphia, Pa.
The Medico-Chirurgical Hospital, Philadelphia, Pa.
The Hahnemann Hospital, Philadelphia, Pa.
The Women's College Hospital, Philadelphia, Pa.
The Samaritan Hospital, Philadelphia, Pa.
The Jefferson Hospital, Philadelphia, Pa.
St. Luke's Hospital, New York, N.Y.
The New York Hospital, New York, N.Y.
The Roosevelt Hospital, New York, N.Y.
Bellevue Hospital, New York, N.Y.

The Presbyterian Hospital, New York, N.Y.
Massachusetts General Hospital, Boston, Mass.
Massachusetts Homeopathic Hospital, Boston, Mass.
Peter Bent Brigham Hospital, Boston, Mass.
Carney Hospital, Boston, Mass.
Children's Hospital, Boston, Mass.
St. Vincent's Hospital, Worcester, Mass.
St. Mary's Hospital, Rochester, Minn.
City Hospital, Minneapolis, Minn.
City and County Hospital, St. Paul, Minn.
Lakeside Hospital, Cleveland, Ohio.
The Royal Victoria Hospital, Montreal, Canada.
The Montreal General Hospital, Montreal, Canada.
Hospital for Sick Children, Toronto, Canada.
Toronto General Hospital, Toronto, Canada.
St. Michael's Hospital, Toronto, Canada.
The Western Hospital, Toronto, Canada.
St. Margaret's Hospital, Kansas City, Kan.
Bethany Hospital, Kansas City, Kan.
St. Joseph's Hospital, Kansas City, Mo.
Swedish Hospital, Kansas City, Mo.
German Hospital, Kansas City, Mo.
Mercy Hospital, Kansas City, Mo.
St. Luke's Hospital, Kansas City, Mo.
Kansas City General Hospital, Kansas City, Mo.
The Iowa Methodist Hospital, Des Moines, Iowa.
The Mercy Hospital, Des Moines, Iowa.
The Clarkson Hospital, Omaha, Nebraska.
Omaha General Hospital, Omaha, Nebraska.
Presbyterian Hospital, Omaha, Nebraska.
Wise Memorial Hospital, Omaha, Nebraska.
Methodist Hospital, Omaha, Nebraska.
Johns Hopkins Hospital, Baltimore, Md.
The Charity Hospital, New Orleans, La.
The Touro Infirmary, New Orleans, La.
Harper Hospital, Detroit, Mich.
The Washington University Hospital, St. Louis, Mo.
St. Luke's Hospital, St. Louis, Mo.
Jewish Hospital, St. Louis, Mo.

St. John's Hospital, St. Louis, Mo.
St. Louis Mullanphy Hospital, St. Louis, Mo.
St. Mary's Hospital, St. Louis, Mo.
Missouri Baptist Sanatorium, St. Louis, Mo.
Alexian Bros. Hospital, St. Louis, Mo.
Kingston General Hospital, Kingston, Canada.

There is another important matter, also coupled with the question of education, to which I desire to direct your attention. I refer to the question of autopsies. The physicians of the United States are to-day seriously handicapped in their clinical work by lack of opportunity to study pathological anatomy. They have nothing like the opportunities in this respect that the physicians of Canada, Germany and England enjoy.

Statistics compiled by the Public Health, Hospital and Budget Committee of the New York Academy of Medicine show that of patients dying in seventeen leading American hospitals post-mortem examinations were made on less than twenty per cent.; while three Canadian hospitals reported sixty-seven per cent.; five English hospitals seventy-eight per cent., and eight German hospitals eighty-nine per cent. as coming to autopsy.

The expert care of the sick depends primarily on the last refinements of the science and art of diagnosis. Without this, therapeutics is simply meddling. It is absolutely impossible for even the best trained internist to maintain a high plane of diagnostic medicine without the final test of autopsy on those cases that die. It is natural and proved by experience that without this spur physicians will settle back into slovenly technic and loose processes of thought.

What is the meaning, if not this, of the statistics collected by a Boston physician who noted that a malady not difficult to recognize escaped detection eight times out of ten? And this is but one of his many embarrassing disclosures! No hospital can be sure that it is even efficient as a hospital without the constant stimulus to its physicians of numerous post-mortem examinations.

In no less degree is the autopsy theatre a necessity to the student. Grounded in theory by precept, trained at the bedside by experience in the wards, he carries away with him no single complete or permanent mental picture unless he has seen and

handled organs from a like case in the post-mortem room. Without this first hand knowledge his art and his science are pure theory; he does not really comprehend the disease.

It must not be forgotten that of medical students the majority will go into practice with a certain stock-in-trade in the way of knowledge to which but small addition will be made in the routine of general practice. If their knowledge is to mean anything they must be well-grounded in the principles of medicine founded on morbid anatomy.

To those students who elect to train themselves as teachers, specialists or investigators at present in American hospitals we offer comparatively little opportunity.

As things stand to-day we are not able in American hospitals to train an expert clinician who would rank with the head of a German hospital. This is true mainly because he would find here no adequacy of autopsy material to give him the needed experience as a pathologist. Of the present-day Americans who have established reputations in internal medicine almost every one has been forced to go to Europe for pathology.

What is true of the clinicians is even more true of the pathologists; they all must of necessity go to large European cities to find the material for their training.

The members of this Association can, if they will, be of great assistance in improving these present conditions. It is our duty to educate hospital trustees, legislators, undertakers, and the community as to the desirability of holding autopsies. Only when we are thus thoroughly interested and working together for the common end may we expect to see the removal of this serious obstacle to the proper development of our medical education.

There are those who assert that this Association has failed in its avowed mission: "The promotion of economy and efficiency in hospital management."

To support their assertions these critics point to the increasing expenditures of hospitals during recent years. They ignore the fact that the cost of every kind of enterprise—commercial, philanthropic and religious—has largely increased; and they apparently do not appreciate how much more is done now by hospitals for their patients than was done ten or fifteen years ago.

Fifteen years ago the use of the X-ray as a means of diagnosis was in its infancy; the social service department had not been instituted; nurses were too few; there were not enough internes to attend properly to the clinical work; there were no trained dietitians; very little laboratory work was attempted; and in many instances the business management was so inferior that hospitals were looked upon by patients with much distrust, and by business men with mild derision.

As to the increased cost of commodities with which hospitals to-day have to contend, I find on comparing average prices of 1913 with those of 1906 the following percentage increases: meats, 48%; poultry 21%; butter, 38%; milk, 48%; cream, 45%; absorbent gauze, 22%, and coffee, 42%.

In the face of these facts, I ask, can anyone successfully maintain that we are not doing much more for our patients and for the community than we were a decade ago, or that we are not paying greatly increased prices?

To complete our case, let us now compare the per capita costs of ten years ago with those of to-day. In 1903 the average daily per capita cost of 14 of the representative hospitals of the country was $2.14, as compared with $2.47 in 1913. This is an increase of less than 16%, and it is very much less than the average percentage of increase in the cost of everything which is comprised within the range of hospital business.

I think contributors to hospitals have reason to be pleased with the results which have been obtained with their money in recent years.

The American Hospital Association is not soliciting flattering commendation, nor is it resenting frank and deserved criticism, but it feels justified in claiming no small share in the achievement of these satisfactory results by disseminating throughout the length and breadth of the land information and advice which have helped so materially in improving institutional conditions, and with such an insignificant increase in per capita costs.

"Question Drawer"

A QUESTIONNAIRE

By Phoebe Dody.

On the eleventh of May, 1910, the following letter was sent to the superintendents of some sixty odd hospitals located in towns of 15,000 to 150,000 inhabitants, in the states of New York, Pennsylvania, Connecticut and Massachusetts, the names being taken impartially from *Polk's Medical Register and Directory of North America*:—

Dear Sir,—In planning for a new general hospital which we need and hope to build, we should greatly value the experience of other cities as to the necessary size of a hospital site. We shall be, therefore, very appreciative of your courtesy if you will help us to form a judgment on that point by kindly answering the questions below.

Very Respectfully,

Questions.

1. Capacity of your hospitals, beds.
2. Area of your site.
3. Do you find your site large enough?
4. What would you consider the necessary minimum area for your hospital?
5. Any remarks you may be willing to add.

To this letter fifty-three replies have been received, and they are summarized, wherever definite enough, in the following table, and appended quotations from the remarks made by the superintendents:—

Table.

City.	Beds.	Area of site.	Large enough.	Necessary Minimum.
Albany, N.Y.	360	5 acres.	Yes.	5 acres.
Allentown, Pa.	100	1 2-3 acres.	"Yes for present needs."	
Batavia, N.Y.	45	1 7-8 acres.	Yes.	
Binghamton, N.Y.	64	2 1-2 acres.	Yes.	
Braddock, Pa.	70	1 1-6 acres.	Yes.	"That depends."
Bradford, Pa.	85	6 1-2 acres.	Yes.	6 acres.
Canandaigua, N.Y.	65	1 3-4 acres.	Yes.	7-8 acre.
Columbia, Pa.	60	2 1-3 acres.	Yes.	
Corning, N.Y.	25	1-2 acre.	"Yes for three stories."	
Danbury, Conn.	60	4 acres.	Yes.	
Dobbs Ferry, N.Y.	30	5 1-2 acres.	Yes.	
Easton, Pa.	100	"About a city block."	No.	
Elmira	80	15 acres.	Yes.	8 acres.
Fall River, Mass.	66	12 acres.	Yes.	4 acres.
Fitchburg, Mass.	50	400 acres.	Yes.	10 acres.
Franklin, Pa.	30	5 acres.	Yes.	Has its own garden.
Gloversville, N.Y.	50	4 acres.	Yes.	2 acres.
Jamestown, N.Y.	60	1 1-2 acres.	For present.	"Nothing less."
Lancaster, Pa.	50	1 1-2 acres.	Yes.	1 1-4 acres.
Lawrence, Mass.	100	11 acres.	Yes.	4 acres.
Lock Haven, Pa.	60	3 acres.	Yes.	"1 to 2 acres."
Lynn, Mass.	90	2 acres.	Yes.	
Meriden, Conn.	50	1 1-2 acres.	Yes.	1 acre.
Middletown, N.Y.	37	3-4 acre.	No.	
Mineola, N.Y.	70	"Several acres."		
New Bedford, Mass.	120	4 acres.	Yes.	
Newburyport, Mass.	40	9 acres.	"Yes for present needs."	
New Haven, Conn.	225	8 acres.	Yes.	"Our area is the minimum."
New Rochelle, N.Y.	60	.....	Yes.	
Norristown, Pa.	52	5-8 acre.	No.	
Northampton, Mass.	75	13 acres.	Yes.	
Norwich, Conn.	64	10 acres.	Yes.	
Oil City, Pa.	60	7 acres.	Yes.	5 acres.
Oneonta, N.Y.	25	1 1-10 acres.	Yes.	
Oswego, N.Y.	60	1 1-3 acres.	Yes.	1 acre.
Poughkeepsie, N.Y.	75	15 acres.	Yes.	"1 1-2 to 2 acres in addition to the ground actually covered by the buildings."
Quincy, Mass.	50	4 3-4 acres.	Yes.	2 1-2 acres.
Reading, Pa.	75	1 city block.	Yes.	
Rome, N.Y.	50	In top floor of a city block.		
Sayre, Pa.	55	10 acres.	Yes.	1-2 acre (A R.R. accident hospital.)
Scranton, Pa.	100	1 city block.	Yes.	6 acres.
Springfield, Mass.	150	4 acres.	No.	"Undecided."
Stanford, Conn.	35	12 acres.	Yes.	8 acres.
Syracuse, N.Y.	100	8 acres.	Yes.	
Troy, N.Y.	125	"7 lots."	No.	
Utica, N.Y.	75	4 3-4 acres.	Yes.	
Waltham, Mass.	100	5 1-2 acres.	Yes.	
Warren, Pa.	75	2 1-4 acres.	Yes.	
Watertown, N.Y.	20	20 acres.	Yes.	5 acres.
Wilkesbarre, Pa.	125	1 3-4 acres.	"Yes at present."	
Williamsport, Pa.	162	2 1-2 acres.	Yes.	2 acres.
York, Pa.	70	"We have plenty of ground to build additions."		

Remarks.

Albany has also 80 acres for tuberculosis hospital.

Columbia: Their site, 2 1-3 acres, is large enough, "but if ours was a large or a rapidly-growing town we would double the ground area." They add, "You should secure ground enough for the hospital buildings, and Nurse's Home, laundry building and an isolation building for contagious diseases which may develop after admission of patients, such as small-pox and measles among children."

Easton: "We would find our site (about a city block) large enough if our grounds were all together and level. As it is, we are situated on the top of a hill and our grounds divided by a street."

Elmira: "Our grounds (15 acres) are unnecessarily extensive, but give plenty of opportunity to expand."

Fitchburg: "Our hospital is located one mile from the centre of the city, and has a farm in connection with it. If you are choosing between a site in the centre of the city and one removed a little as ours is, I should advise you to decide on the one removed. Then you can protect the hospital by cheap land on all sides and free it from noise, and insure a good supply of fresh air."

Gloversville: "The original building had 25 beds, but was not large enough. The average 28 patients for the year. Have a training school of twelve nurses, with one graduate nurse as assistant and a dietitian who helps in the instruction of nurses."

Lynn: "It would be inconvenient to have any smaller site" than their present two acres.

Meriden: "Ample ground room to provide for the future is always desirable."

Middletown: "Our hospital has outgrown its capacity, and our accommodations are entirely inadequate." They plan to enlarge on an adjoining lot now occupied by a cottage.

New Bedford: "We have a good deal of space (4 acres), with lawns, but shouldn't like to reduce it. We bought land on the outskirts of the city about fifteen years ago, and to protect ourselves have bought additional land from time to time, which has proved a wise thing to do, as the city has grown and we have increased our buildings. So many hospitals make the mistake of building in the thickly-settled parts of a town or city. Transportation does not mean very much in these days of rapid transit, automobiles, etc. Get out into the open should be the hospital maxim."

Norristown, finding 5-8 acre too small, advises "as large an area as you can possibly secure and the hospital in the centre. The area of the ground for this hospital is entirely too small; have no room for improvement."

Northampton: "I would not wish to have other buildings within one hundred feet of the hospital buildings."

Norwich: The Backus Hospital "is fortunate in having plenty (10 acres) of room. It would be hard to say what would be the minimum area for any hospital. Get all the room you can—high ground, good drainage, and plenty of sun."

Oil City thinks it "unwise to build a hospital in the crowded portion of a town or city; and there are many times when the need of a separate contagious department is very imperative, also a separate department for maternity work."

In Oswego "the grounds around the buildings are quite large (1 1-3 acres). It would of course be possible to get along with less providing the building should be directly on the street."

Quincy supposes "a hospital might do with less than that amount (2½ acres) in a city. We do not find ours (4¾ acres) too big."

Reading: "In my opinion a hospital with space surrounding is much more desirable."

Rome: The hospital is in the top of an over-big hotel on the main business street—a strange situation, which seems to give very little help to us in Ithaca.

Springfield writes that at "St. Vincent's Hospital in Worcester, which is one of our (Sisters of Mercy) hospitals, we have an entire square, comprising about eight acres, which is a better lot of land for a general hospital than at Springfield," where they have about four acres.

Stamford has just bought its 12-acre site to build, having found its "present hospital very inadequate." It expects to have 125 beds.

Syracuse: "The site should be in open country if practicable. Our site is elevated and practically free on all sides. We have plans drawn for another scarlet fever hospital with five pavilion units for 125 beds. We care for scarlet fever, diphtheria, smallpox, and occasionally for measles and erysipelas if we have room for the latter."

Utica: "The grounds we have (4¾ acres) are considered none too large. A hospital should be so situated that it would have plenty of air and light on all sides."

Waltham: "Our plant includes (on 5½ acres), besides the general hospital, contagious wards and a nurses' home. As the contagious has to be quite separated from the general, it is difficult to answer No. 4. Two acres would be a minimum area for the general hospital."

The Ithaca City Hospital has 35 beds, and its site is a little less than 30,000 square feet, or approximately two-thirds of an acre.

Hospital Equipment

APPEARANCE, STRENGTH AND CONVENIENCE

BY H. F. BLANCHARD, ESQ., TORONTO.

In conceiving and carrying on the construction of modern public buildings there should be, and when handled by competent architects and engineers there are, three main items for consideration:

1st. Appearance or Design.

2nd. Strength and Durability of Construction.

3rd. Convenience and Protection of Occupants.

The infinite matters of detail which must be met before the construction of a building can be complete may all safely be said to come under one of these heads, each of which, but more particularly the third, we shall discuss briefly.

APPEARANCE OR DESIGN.

This phase of the matter gives room for much activity and originality, and must be considered largely in conjunction with the second subdivision.

STRENGTH AND DURABILITY OF CONSTRUCTION.

No building of size or importance is now designed without the best shell construction. Steel framework, combined with brick, concrete or terra-cotta, forms the basis of nearly every structure of importance, producing a building physically and usually artistically correct, durable, and because of detail, arranged for the

CONVENIENCE AND PROTECTION OF FUTURE OCCUPANTS.

Considering these three matters jointly, we have a building arranged to meet all the purposes for which it has been built, sufficiently strong to withstand all stress or strain, and to endure against natural wear and tear and action of the elements. We have a building combining all these features with beauty of design and finish, but we have not gone far enough until we have

combined these features still further in our protection of future occupants and taken advantage of every means within reach to make that protection absolute.

The base of any operation is of supreme importance, and in steel frame, concrete, brick and terra-cotta construction we have the best, but again we have not gone far enough.

We have got to apply every known method to every item in the scheme, suiting them all to the imposed conditions of design, duration, convenience and protection and making each one above all else fireproof.

There is not one consideration in the art of building which deserves so much attention as the subject of fireproofing, and modern building now demands this attention on a more comprehensive basis than ever before.

Too often the main items such as framework, etc., are studied and made fireproof, and matters of detail which are entirely as important entirely neglected.

Too often this framework is made fireproof, and even the subdividing partitions within the framework fireproof, only to have the connecting links between the subdivisions caused by the framework or walls and the partitions, in other words the doors and windows, installed in inflammable materials, utterly destroying the advantages gained by fireproof shell construction, simply because that construction does not in itself go far enough.

Fireproof materials can never prevent fire from occurring within spaces which they enclose, but fireproof materials, if they are used rightly, absolutely will prevent fire from spreading to any other space, and that is the sole object of their use. Fire which cannot spread has no terror, nor is it any longer a menace to life or property.

Lose it, or make insufficient effort to retard it, and it immediately becomes the most destructive agent ever known.

In hospitals, perhaps more than in any other building, is absolute fireproof construction necessary, and the lack of it practically criminal, all for reasons which are entirely obvious, and at the same time this construction must be devised so that it will harmonize with the general design, so that it will, if possible, add to the beauty of the building instead of detracting from it. It must be designed structurally to meet all imposed conditions, and

it must suit the convenience of future occupants of the building —in all these considerations affording them the utmost protection.

Until a comparatively recent time the manufacture of fireproof interior and exterior finish has not been carried on in a way to meet all of these conditions.

Fireproof windows have been of galvanized iron construction, with heavy members and a lack of any variance in design. Fireproof doors have been tin-covered, with no consideration of beauty or range in detail, or they have been iron or copper-covered, paneled and moulded, but because of the very nature of the product often uneven in surfaces and given to swelling and warping.

Under these conditions there has been a natural prejudice against a wide-spread use of such products in spite of the protection which they would have given, but present-day methods have overcome every disadvantage, and there is no longer any excuse, from an artistic standpoint, for the omission in any interior or exterior openings, of absolutely fireproof materials, nor for the construction of any members of finish, such as base, wire cornice, or chair rail, except in a similar manner.

In the treatment of hospitals as fireproof buildings, the question of sanitation must also be considered, all surfaces being kept flat or rounded, doing away with crevices or indentations in which dust will so easily collect.

To perfect products which meet all of these requirements has not been the work of a day, but through long experience and careful study the desired result has been obtained, and, without question or doubt, the standards so derived demand the attention, consideration and finally their use by every owner, architect or builder interested in modern construction.

To outline these products, hollow steel alone is invariably used for all interior work, and bronze alloy, 80 per cent. copper, drawn over wood cores by means of machined dies, performs a similar service for all exterior members, the elimination of other materials having been caused alone by the superiority of the two mentioned.

Interior doors and trim members, in detail—doors to stairs, doors from corridors to rooms and between adjoining rooms, base,

chair rail, picture moulding, wire cornice, interior window trim, in fact every member of interior finish, may and should be constructed in hollow steel, the doors completely lined and insulated with asbestos board on all sides of stiles and rails, and in the panels. For hospital usage these doors are made with absolutely flush panels, no moulded surfaces occurring at any point, all trim members and jambs entirely smooth, with rounded edges where edges must occur—as a whole—fireproof beyond a doubt, and in this connection it is interesting to know that doors such as these, in pairs, five feet wide, have been tested by the fire underwriters at their laboratories and have withstood for an hour a forced temperature of over 2000° on the fire side of the opening in which they were installed, with a corresponding increase of 20° on the opposite side, or a radiation of less than 1 per cent.

This data is accurate and a matter of record which can be verified at the laboratories at any time. Products such as this surely demand recognition.

In finish the most beautiful effects imaginable are obtained. The most intricate grains of every kind of wood are matched so perfectly that it is impossible to tell that the product is not wood. It has every good quality of the wood in its appearance, and yet it lacks that one unpardonable feature which invariably attends the latter, in that it will not burn. These finishes are produced by six coats of enamel, each one of which is baked in an oven at a temperature of 300° Fahrenheit. At completion all surfaces are rubbed to a dull eggshell gloss, and because of having been baked the enamel is hardened and will withstand the most severe wear and rough usage without chipping or becoming in any way disfigured.

In hospitals a beautiful white finish is generally used, to the exclusion of all others, and can be produced as effectually and as serviceably as the wood grains.

Bronze or copper finishes are produced, and frequently entirely flat colors, such as green or maroon, in fact any finish imaginable may be transferred to the steel, and all by means of several applications of the baked enamelling process.

For exterior use, in detail, for all exterior doors, entrance and vestibule doors and all exterior windows there is absolutely

nothing which can compare with bronze, and, as so often imagined, the cost of such products is not comparatively high. Sheet bronze is used of a gauge entirely sufficient to be durable beyond question. These sheets are cut to size and applied to the wood cores which form each separate member of a door or window, the application being under high pressure through machined dies, ensuring surfaces absolutely smooth, mouldings as sharp and true as if themselves machined—altogether a construction which when finished is simply without fault.

All joints are made either invisible or of what is known as the "hair line" type. In other words, the appearance of the surfaces of these bronze-covered products is the best that can be produced by any kind of manufacture, and the cost at the same time far below that of cast or plate construction.

Bronze-covered windows, glazed with wire glass, are absolutely fireproof, and for economy and convenience of upkeep they have no equal.

Bronze finishes are perhaps more beautiful than any others known, the expense for upkeep is negligible—never any painting or re-finishing—and no fear of decomposition of any kind.

All recent constructions of world-wide fame have given their absolute stamp of approval to interior steel finish and exterior bronze-covered windows and doors, and in this they must be followed by every future meritable construction, and so by every architect, engineer and owner who stands for what is right and best.

The pioneers in the production of steel trim, bronze-covered windows and doors may well point with pride to such monuments of their ingenuity, combined with the ingenuity of those who have worked out the science of fireproofing in its other branches, and have made possible and safe and sane:

The Woolworth Building, the Metropolitan Tower, the Municipal Building, the Vanderbilt Hotel, the McAlpin Hotel, the Ritz-Carlton Hotel, all located in New York City; the Winnipeg Electric Chambers, the L. C. Smith & Hoag Buildings, in Seattle; the Los Angeles Hall of Records; the Rockefeller Building in Cleveland; the North-Western Mutual Life Building in Milwaukee; and last, but not least, the Dominion Bank Building of Toronto.

In hospital construction particularly their efforts must be acknowledged. They have made absolute safety possible, and they have materially added in effecting more perfect sanitation and modern convenience.

Such structures as the New German-American Hospital in New York bear out this statement to the full.

Every exterior opening in this building has been filled in bronze-covered materials, and all interior finish is hollow steel throughout, all doors flush panel and baked enamelled in mahogany, an inserted strip of "Holly" completely lining each side of every door several inches back from the edges, giving enough contrast to create a finish sufficiently beautiful for any location or usage imaginable.

The Cook County Hospital, in Chicago, Ill., one of the largest hospitals in the world, is another fine example of the same treatment.

The hollow steel flush panel doors contained therein are finished in pure white baked enamel—sanitary, absolutely fireproof, and in complete harmony with the surroundings.

To combine these three qualities otherwise would not be an easy, if a possible, test.

TORONTO GENERAL HOSPITAL

THE Hydro-Therapeutic Department is now completed and in charge of competent officials who are capable of giving Electric Light, Vapor, Nauheim, continuous Baths and Massage, etc.

The charges for these treatments are moderate.

Appointments can be made for patients, non-resident in the hospital, by phoning Toronto General Hospital, Adelaide 2800.

Maintenance and Finance

REPORT ON HOSPITAL FINANCES AND COST ACCOUNTING

BY WM. O. MANN, M.D.,
Superintendent Massachusetts Homeopathic Hospital,
Boston, Mass.

THE subject of hospital finances and cost accounting has been so thoroughly covered at previous meetings of this Association that I feel that very little can be added to what has already been written.

The New York hospitals, a number of years ago, adopted a system of financial accounting which has been copied by numerous other institutions, so that there is now an opportunity among the larger hospitals to make a comparison between the costs of different departments.

Some institutions have attempted to ascertain the detailed cost of each department; for instance, the cost per 100 pieces in the laundry; the cost of feeding a nurse as compared with one of the help; the cost of feeding a private patient as compared with a ward patient. I can see that this may be a good thing for the individual hospital to check up the detailed cost from month to month and from year to year, but I do not believe that it follows that because one hospital can do a certain thing at a certain cost that the one across the street from it can do the same thing.

Some hospitals cater to a large number of paying and private patients, while others cater to only the free class, as in a municipal hospital. It stands to reason that the food cost in the smaller, semi-private hospital is larger than in the free hospital; that the nursing cost per day will also be larger, because the paying patient and private room patient demand and receive more than the free ward patient.

I believe in a system whereby one can know the monthly cost per patient and the monthly cost of food per inmate. If this is

done, one can check up with the preceding months and preceding years and make comparisons with his neighbors.

It is well to make a check on the laundry, because if one finds that it costs $2.50 per 100 to do the laundry in the institution, while it can be done outside for $1.50 per 100, it seems poor business policy to continue to maintain a laundry. The large commercial plants now have the laundry business down to a science and are in a position to do it fully as cheaply as an institution can do it.

At the Massachusetts Homeopathic Hospital we try to check up the cost of different articles by months and years, and we use what we call a comparative expense book for that purpose, an illustration of which is before you. This book has a column for practically every item that is purchased. Each column shows the months of the year and has a space for four years opposite each month. You thus have the comparative cost or comparative amounts of supplies before you for four years. It means about an hour's work for two people once a month to analyze the bills. The per capita cost is figured every month and the food cost per inmate is also figured monthly and placed in this comparative expense book, where it is easily available.

We consider this book a valuable one, as we are able from year to year to compare the cost of the different supplies and to know whether or not we are becoming more wasteful or more economical.

We also have simplified charging supplies to the different outside departments and to the wards. One requisition weekly is originally made out by the head nurse, or the one in charge of a department. You will notice by the illustrations before you that there is a column for quantity, one for the name of the article and a dollar and cent column. These requisitions are approved by the superintendent and sent to the proper department to be filled. After they are filled, they are returned to the office, where a clerk prices up the articles and totals them at the bottom. They are then filed and at the end of a month, the totals are added together and each department or ward is charged with what has been furnished. This system saves a great deal of duplicate writing, and we find it very simple and requiring no extra labor.

During the past summer, we have been able to figure the cost of our laundry, and we find that by including the wages of employees, the board of employees, electricity, gas, steam, water, insurance and depreciation, that the cost per 100 pieces is $1.34.

At the Massachusetts General Hospital, the cost of the laundry is $1.29 per 100.

At the Massachusetts Homeopathic Hospital, we have for a number of years used voucher checks in paying our bills, which means that we do not require receipted bills from the firms we deal with and this system is being adopted very generally by other hospitals, I understand.

We have also found that by discounting the bills on a ten days' basis we have made a saving in the year 1912 of over $800.

At the Presbyterian Hospital, in the City of New York, they have adopted a system of order requisitions, receipts for supplies and material, and storeroom requisitions, which are along the line that I have mentioned that has been carried on for some time at the Massachusetts Homeopathic Hospital.

From Dr. W. H. Smith, of the Johns Hopkins Hospital, I have received the following:

"We are installing a cost clerk, who will be located with the chief storekeeper, and by whom all requisitions will be charged up against the various departments of the hospital, including food. That is, the raw material, such as eggs, milk, etc., which is sent directly to the wards and other departments. Meats and other foods sent to the main kitchen will be charged up pro rata. The nurses' home, having its own kitchen, will be charged directly for everything it gets. I feel that by this system of charging directly to each department, everything except the cooked food, and charging each department pro rata for the number of people in that department, either employees or patients, we will have eliminated as much of the guess-work as is possible, and that we have brought down the question of cost accounting to a practical basis without carrying it too far, which I think would happen if we attempted to gauge the prices of the various cuts of meat going to the different departments and to weigh out the vegetables, etc., from the main kitchen."

Dr. Howland, at the Massachusetts General Hospital, writes as follows:

"*Bills Payable.*—Bills are paid as heretofore at various intervals during the month, in order to take advantage of the discount offered by dealers for prompt payment. In the past, a recapitulation of all bills paid each dealer each month was made on a form of voucher, and this voucher sent to the dealer at the end of the month to be receipted and returned, after which it was filed with the bills as evidence of payment.

These vouchers were frequently held by the dealers, and this made it necessary to write for them in order to complete the files. Preparing and mailing these vouchers, together with checking their return, consumed considerable time, and also cost the hospital about $5 a month for postage. These vouchers have now been abolished as entirely unnecessary, thus making a saving in labor and about $60 a year in postage. The cancelled cheque is now considered by the leading business houses as sufficient receipt.

BILLS RECEIVABLE, PATIENTS' AND DOCTORS' ACCOUNTS.

All money, from whatever source, passes through the hands of the Cashier, and by her is distributed on a daily sheet to the various departments to which it belongs. This sheet is balanced each day and a bank deposit slip to correspond in amount with the daily sheet is made.

A petty cash fund is carried by the Cashier, from which are paid all small cash bills which are presented at the office. This fund, when depleted, is made good by cheque and entered in voucher register as any other bill. This method reduced the petty cash entries from 100 to 125, down to 4 or 5. A receipt is now taken for every cent paid out, and these are filed with the bills.

Pay Roll.—This was formerly handed in on the morning of the 27th of the month by the heads of departments, who anticipated that everyone would work the remaining three or four days. In the event of anyone being absent after the payroll was handed in, a slip was sent to the office stating that the employee had lost time, beginning at a certain time. If this employee returned to work again before the first of the month, another slip was handed in, showing the time of returning to work.

The names of employees were all copied from the sheets received from departments on to another sheet, on which was entered the total wages due, and this sheet was signed by the employee.

Our new sheets are filled in by the department heads, showing the name, position, days lost, days employed, and rate. The total wages are figured in the office and entered directly on to the sheets received from the departments. This saves copying over 400 names, which in itself takes considerable time. The payroll is now handed in the last day of the month, which does away with the numerous slips concerning lost time.

The information contained on this sheet regarding days lost and employed, deductions, etc., is of much assistance to the paymaster, as he can readily make explanations to any employee who believes that his wages are incorrect, where formerly it was necessary to send them to the office for explanation.

Journal and Ledger Accounts.—The journal entries have been abolished as serving no useful purpose. Ledger accounts, which were kept with the various items shown on the financial statement, and which are used solely for the purpose of getting a trial balance every quarter, have been discontinued, and in place of these a recapitulation is made in the back of the debit cash book and voucher register."

At the Massachusetts Homeopathic Hospital we have also come to the conclusion that these journal and ledger accounts are of no use, and we have done away with them.

It is well for every hospital to adopt a simple form of cost accounting or comparison of costs of different articles purchased, in order that they may know just how much they are spending for each item, and in order that they may compare the cost of these items with what other hospitals are doing. If one hospital finds, for instance, that the medical and surgical supplies per patient are costing more than at several other hospitals, it is wise to find out whether the buying is not being done at a disadvantage, or whether the supplies are not being used too generously. This is a comparison that should be made, I believe, by every hospital, annually, in order that they may know just what they are doing.

One can readily see that the cost of heat and light will vary according to the construction of the individual hospital. A hospital on the pavilion plan will cost more to heat than a hospital built on the block plan, but with the medical and surgical supplies, laundry, housekeeping supplies, etc., a comparison can easily be made.

For anyone who is interested in the detailed accounting of each department, I wish to refer to a book published during the year 1913, "Cost Accounting for Institutions," by William Morse Cole, assistant professor of accounting in Harvard University. This book goes into detail, and shows a very elaborate system of cost accounting. Personally, I do not believe that it is necessary or wise to go into this detail, because the results obtained do not offset the extra cost of the bookkeeping and clerical hire.

THE CANADIAN HOSPITAL ASSOCIATION MEETING

We would again urge every reader of The Hospital World to do his or her utmost to keep free the dates of the Canadian Hospital Association meeting, to be held in the King Edward Hotel, Toronto, on October 20th, 21st and 22nd.

President E. H. Young, of Rockwood Hospital for the Insane, as also Secretary H. A. Boyce, of Kingston General Hospital, are doing their utmost to make the 1914 meeting a banner one. The King Edward Hotel management have assured the Association that everything in their power will be done to cater to the convenience and comfort of the members. We hope to publish the programme in full in our next issue, when our readers will see that it covers a very wide range of subjects to hospital administration.

We trust that any reader of The Hospital World not already a member of the Canadian Hospital Association, will at once register with Dr. H. A. Boyce, Kingston, Ont.

Selected Articles

KING'S COLLEGE HOSPITAL

(*Continued from the July issue.*)

Description of the Engineering Plant.

It was decided to use Diesel oil engines for driving the electric generators; and Lancashire boilers, working at 80 lbs. pressure, for the heating and hot water services. One factor determining this combination was the fact that if a well should have to be sunk to provide water for the hospital, in the event of the water rates becoming excessive, the hardness of the well water would be detrimental to the boilers if the large quantity of make-up feed required for steam engines were used without previous softening.

For heating it was decided to employ a low pressure steam heating system by radiators. For the sterilizer, dispensary and for vapor baths, kitchen and other services requiring high pressure steam, a special heating main is provided, so as to give any required pressure up to 30 lbs. per square inch.

Hot water is supplied by calorifiers placed in the engine room, heated by steam at 50 lbs. pressure, the condensed water being returned to the feed tank. The heat discharged to the circulating water from the Diesel engines is utilized in working up the supply to the calorifiers for the hot water service, instead of being, as is nominally the case, run to waste. To ensure a positive circulation an accelerator is provided.

The boiler rooms and engine rooms are capacious. Suitable provision has been made at a convenient place for the refrigerating plant.

At the back of the boiler is a Green's economizer of 120 tubes, with electrically driven scrapers, and a destructor furnace for destroying the refuse. The coal is delivered direct to the stoking level. A weighbridge is placed convenient in which to weigh the coal. Hot air furnace fans are provided and a steam blast

is ready as a reserve. Normally the boilers will provide sufficient steam by the use of the natural draft alone.

The electrical supply is at 100 volts. The switchboard is divided into seven panels, one for each generator set, one distributing panel, and two for booster and battery. The battery of 50 cells has a capacity of 840 ampere hours.

The store is placed so that the ice blocks can be delivered from the refrigerating tank direct to the store by overhead trolley; and from a door at the other side of the store, from the same trolley, can be dropped on to trucks, in which it is distributed throughout the hospital.

Four calorifiers are provided of 850 gallons storage capacity, and each capable of providing 3,000 gallons of water per hour at a temperature of 180° F.

Two electrically driven vacuum pumps are provided to withdraw the water and air from the steam pipes through a condenser, and delivered into the feed tanks. From these feed tanks two feed pumps (electric) deliver the water as required to the boilers.

The main engines are placed on a reinforced concrete bed made in one solid block and insulated by ashes from the surrounding soil. Special pains were taken in constructing the engines to avoid vibration or sound from the engine plant, which, when running, might penetrate into the adjacent wards.

An automatic local inter-communicating telephone system is used. There is also an electrically controlled clock system throughout the hospital—120 clocks being provided. The master clock is in the telephone exchange room. The same battery controls the telephones, clocks, electric bells, and ten automatic indicators. These indicators show, at convenient places throughout the hospital, the arrival and departure of the members of the staff. They are operated from the porter's lodge at the entrance hall.

The gong in each corridor of the nurses' home is operated from the matron's office. There are two sets of push buttons. On pressing one push the lamp corresponding to it is lighted and so remains until the second push is pressed to stop the bell. Thus complete control is given to the matron, enabling her to ensure that every nurse has adequate notice of the time to get up.

The foul washing house is provided with disinfecting rooms. In this house are steeping tanks for disinfecting and purifying the foul linen brought straight from the wards in solid receptacles. A steam jet is used for sterilizing and purifying these receptacles. This method of dealing with foul linen by steeping tanks was required by the medical staff of the hospital in preference to the rotary steam foul washing machines which are preferred at other hospitals.

A steam disinfector is used for mattresses and larger goods.

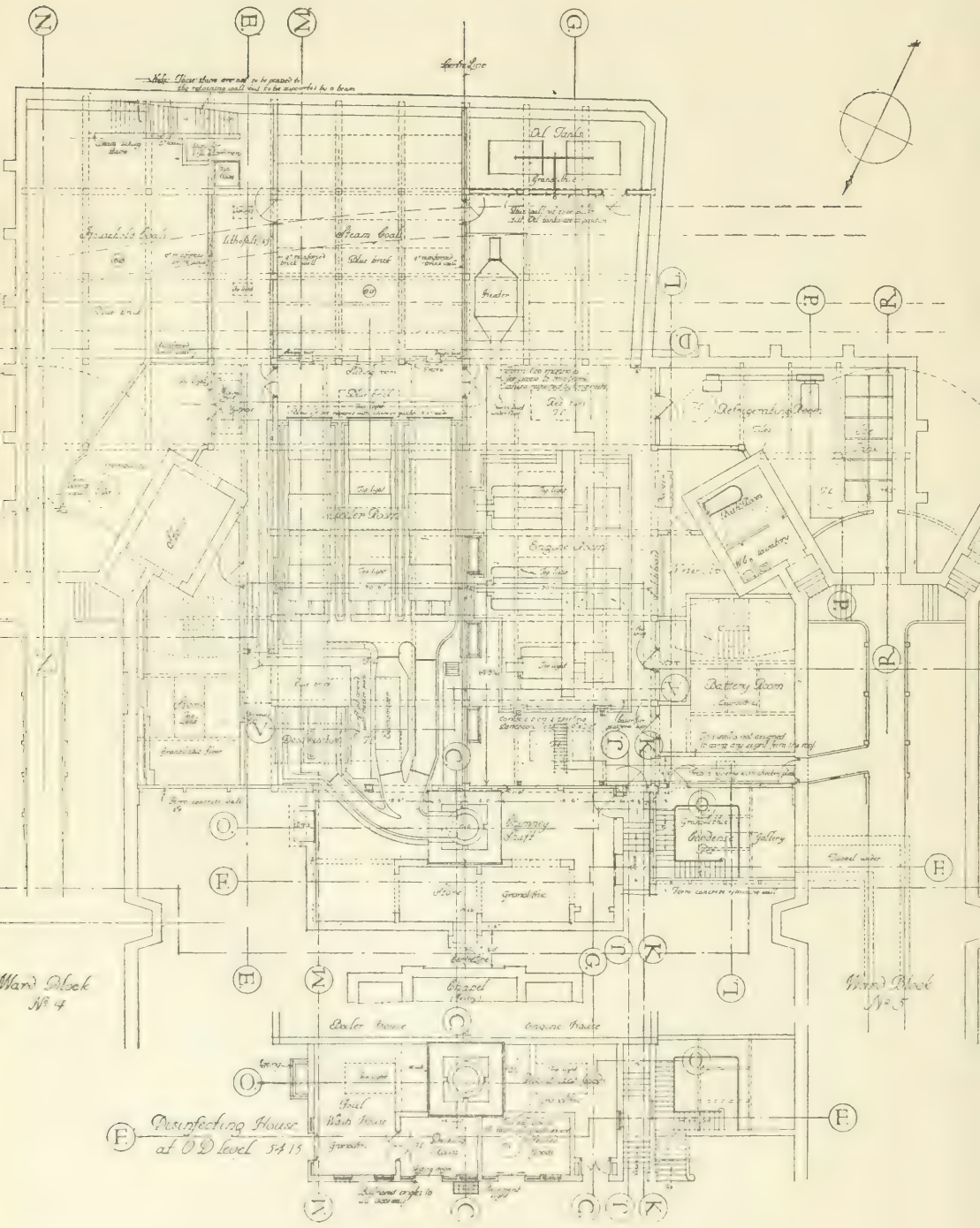
The kitchens are supplied with gas and steam. Gas cooking was decided upon for ovens and grills. It was felt that the time had hardly arrived for the use of electricity. The gas ovens are provided with safety devices, the tops being provided in two, and hinged with counterbalances, so that any explosion inside the oven will open the covers to allow the escape of the exploded gases without injury to those in attendance.

The boiling pans are fixed on cantilevers in the walls, so as to free the floors from obstruction. By a special device the discharge from these boiling pans is carried direct into the heating system of the hospital, and any condensed water escapes into the return main. But this is not the case with the potato and vegetable steamers, owing to the foul nature of the discharge.

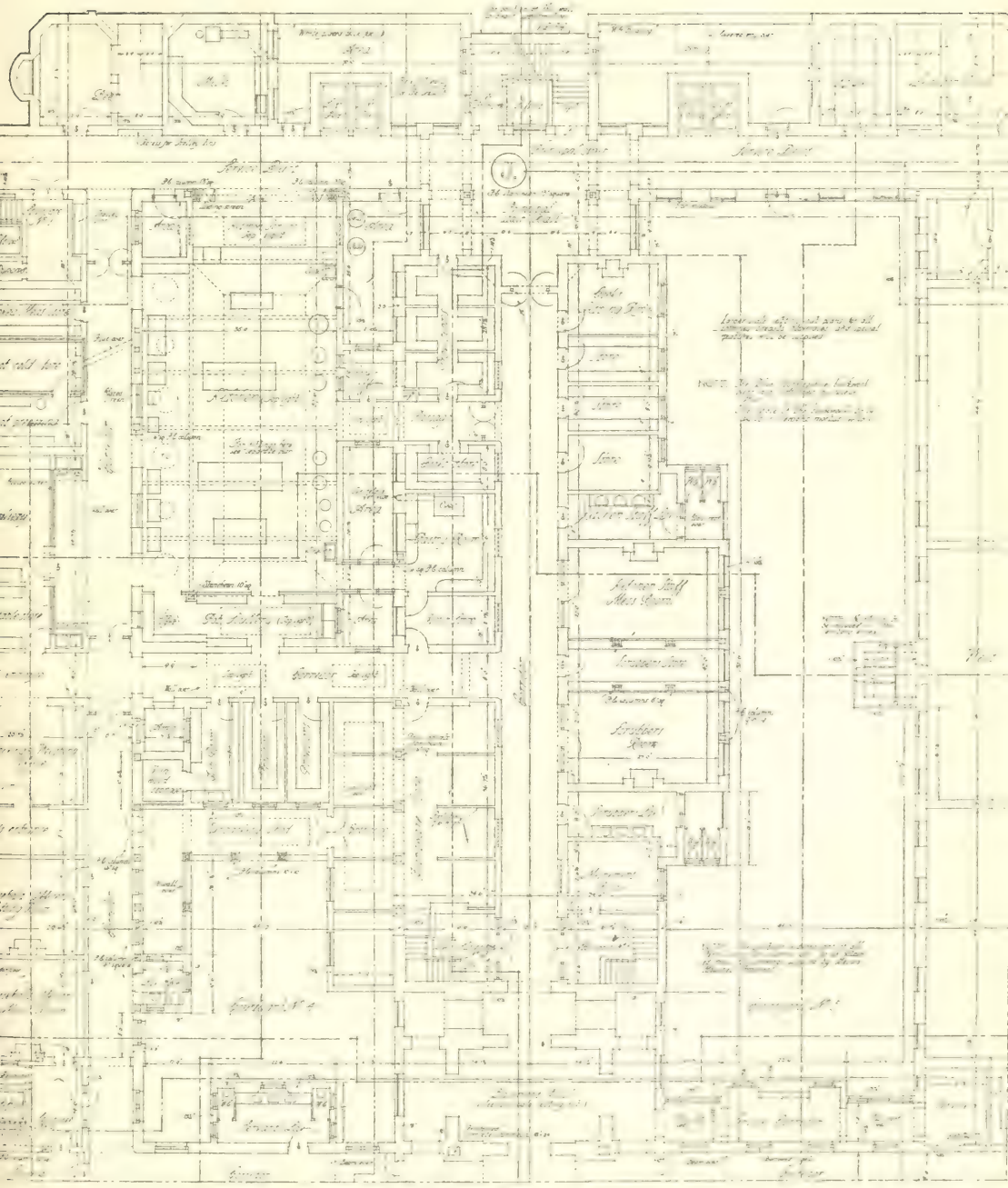
Potato paring machines, a knife machine and a bacon slicer are provided. Extract fans draw off the odors, which are discharged above the level of the hospital. The gas ovens are ventilated into the same system. A pasteurizing apparatus is supplied for the children's building.

The heating ventilators have been placed in the windows, with a ventilating opening supplying fresh air direct from the outer air behind them. There are no projections or recesses on the surfaces of the radiators, thus allowing them to be easily cleaned. The ventilating openings behind the radiators are provided with baffles of the hinged louvre type. The whole framework is hinged and can easily be lifted up to allow for cleaning.

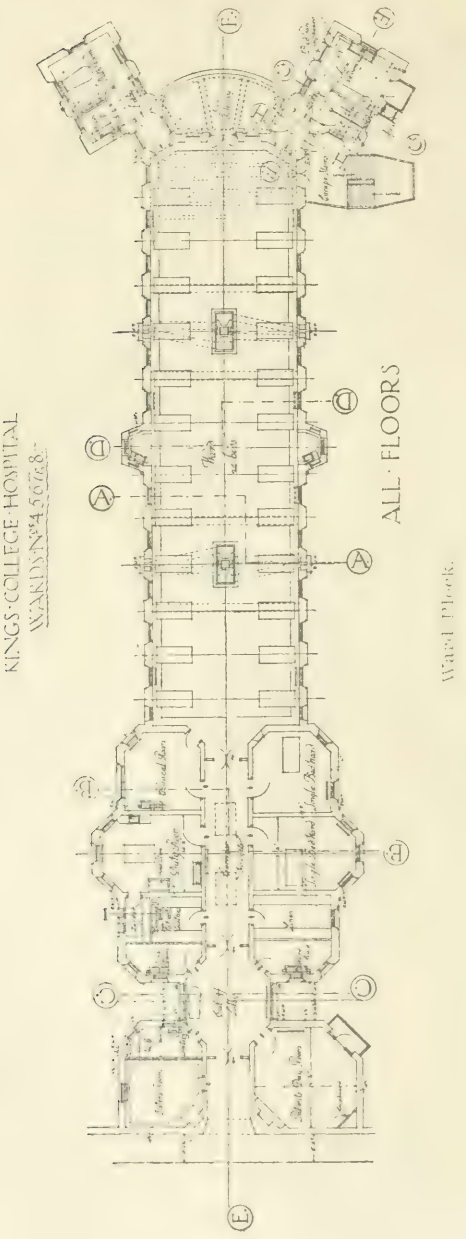
The main supply of pipes for the heating and hot water are carried in ducts below the floors, which are large enough for passage from end to end. In shallow places removable covers have been provided.



Central Power Station.



Kitchen and Stores Department.


KINGS COLLEGE HOSPITAL
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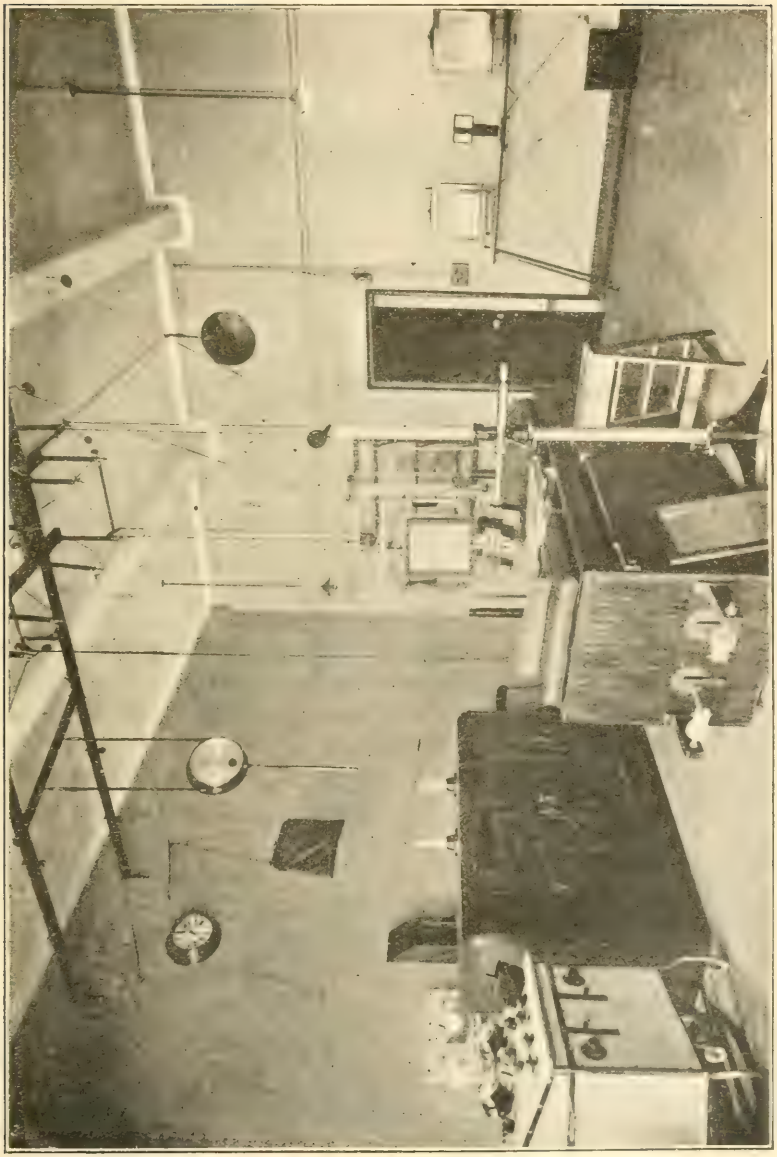
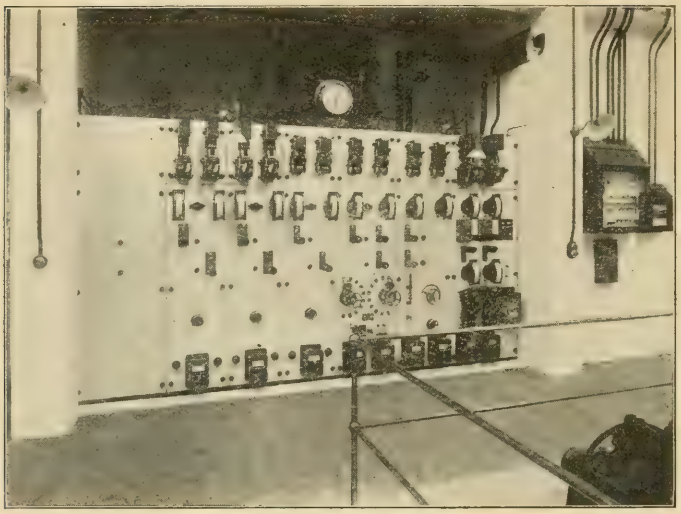
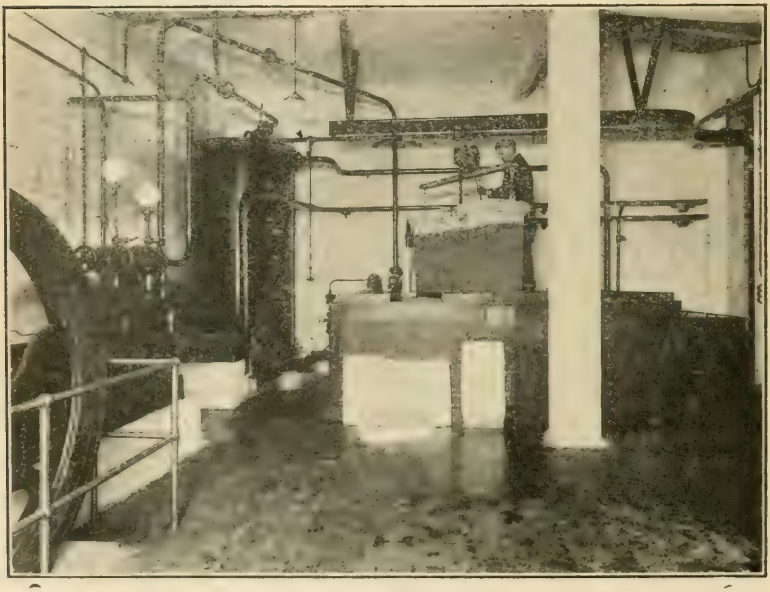
ALL FLOORS
Ward Block.



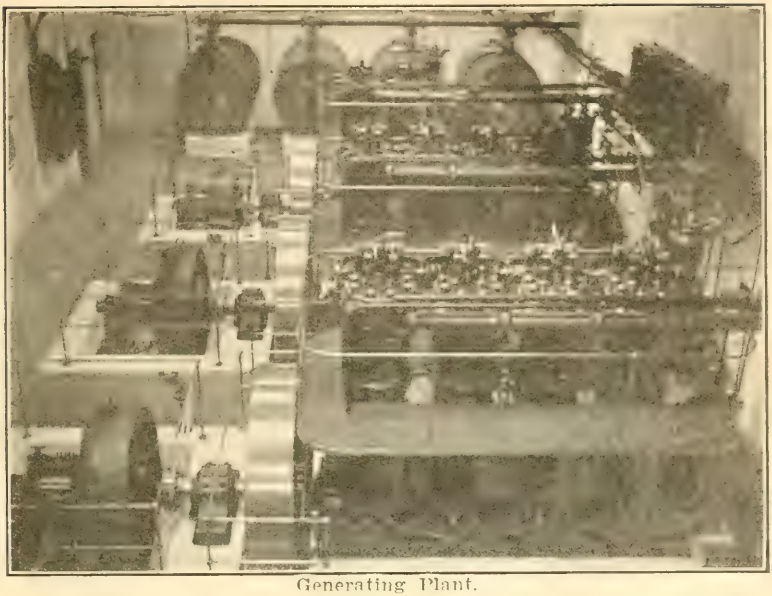
Radiographic Room.



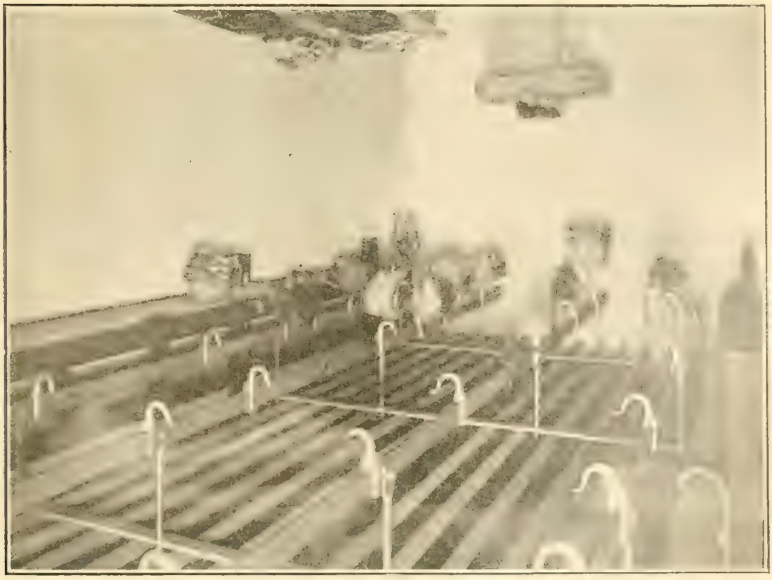
Main Switchboard.



Refrigerating Plant.



Generating Plant.



Cold Store.

To avoid vertical pipes showing on the face of the walls, the pipes (in the administration block) run outside of the walls, special care having been taken with the covering of the pipes. In the ward blocks the windows jams have been used, by making vertical splays hollow. The outside face of these splays has been made by removable concrete blocks fitted with rings and lifting devices, so that access can be obtained to any portion of these vertical pipes if required; workmen fixing the pipes need not enter the wards.

All radiators have been provided with special relief valves and dirt pockets; the use of traps has been avoided throughout.

In the basement and laboratories radiators are dispensed with and uncovered pipes are carried round near the ceilings. Thus, no radiators interfere with the comfort of the workers, who sit at desks in front of the windows and along the walls. A distiller is placed in the laboratory, and also apparatus for the preparation of drugs. Steam is supplied direct from the boiler, and the machines are driven by electricity.

When the main heat is cut off in summer a special main is utilized which runs to a calorifier in the basement of one of the operation blocks. From this calorifier hot water pipes connect with special panelling. Steam pipes are sunk in the plaster of the walls and ceiling, so that there is no visible or projecting heating surface upon which dust can lodge. The walls and ceilings over the heated areas are composed of Durato, which has an expansive co-efficient similar to that of hot pipes. The heating is arranged in sections, which can be cut off individually so as to regulate the temperature. There is an auxiliary battery of radiators placed in chambers under each theatre. The ventilated air passed through these batteries, after cleansing, enters the theatre near the floor, and the foul air is drawn up into spaces surrounding the coving of the theatre roof, and ejected by fans. The controlling valves are outside the operating rooms. Any temperature can be quickly secured.

In the wards the main heat and ventilating is provided by open-hearth stoves placed in the middle of the floor towards each end of the ward. Radiators have been provided as supplementary heating in especially cold weather. Sterilizers and water stills are heated by steam from a special steam main.

The hot water is arranged on the drip-pipe system, being led from the calorifiers direct to tanks in the roofs of the ward blocks, whence it drips down to the various services, the pipes being collected in the basement and returned to the calorifiers.

In all bath rooms of the administration building hot water is supplied to baths through waste preventer tanks, which are kept constantly hot by a circulating coil from the hot water system passing through the tanks. Thus sufficient hot water is supplied by a single pull. This makes for economy.

The hot serving closets, the linen rooms, the patients' clothes rooms, the towel and blanket rails, and the bed pan racks in the wards of the operating theatres are heated from the hot water system in summer time, thus allowing the steam heat mains to be closed through this season.

An electric tea-making and egg-boiling apparatus of special design is provided in the duty rooms of the wards, the supply of hot water being kept on hand to avoid waste of current resulting from boiling water up from the cold.

In the electrical plant the power load, for measuring purposes, is separated from the lighting load. There is a separate main for the control of the pilot lights and of the external lighting. All pendants and brackets throughout the hospital have been designed as to allow of the minimum of projection. The pendants are of plain tubing. There is a light for every bed, and under each bracket is a plug socket. The instrument sterilizers are of the electric type, as are also the bronchitis kettles. A special operating fitting has been designed for the operating department. In the out-patient department the fitting can be lowered. In the main operating rooms the simple swing arm type has been employed. Plugs are provided for cauteries, cystoscopes and other special fittings.

The projection mirror light is supplied in the gynecological theatre, so that the beam may be projected on any required part of the patient. The beam can be concentrated or diffused by the arrangement of mirrors.

Special attention has been given to making the elevators foolproof—absence of projections, special locks, inability to open the door unless the bottom of the cage is on a level with the outside floor. The lifts adjoin the staircases At some distance

are the service lifts. Diet lifts are also provided. Separate lifts are provided in the nurses' quarters and in the out-patient department.

The ventilation, as far as possible, has been by natural means. In the main waiting hall of the out-patient department fresh air inlets have been provided under the floor and led through gratings and baffles past the radiators. A further supply has been brought into the centre of the room through heaters placed in enclosures in the refreshment buffet. Exhaust fans in the roof draw the foul air from the hall.

In the surrounding buildings the air is admitted through roof ducts by positive fans and is carried to the individual rooms requiring ventilation. The switches for starting the fans are accessible from the corridors and rooms, but the speeding is controlled from the engineering plant.

In the lecture theatre of the medical school air is admitted through screens and a battery of heaters placed in the roof and through openings in the upper part of the room. The used air is then drawn out through openings under the seats of the auditorium and discharged by a positive propeller.

In the X-ray room and other departments special light-tight ventilators have been provided, admitting air from the outer atmosphere, but excluding all light.

(*Condensed from The Hospital Gazette.*)

Akron, Ohio, is to have a People's Hospital.

The Twin-City Hospital, of Winston-Salem, N.C., has been completed.

An East Side Hospital is projected for Cleveland.

A new City and County Hospital is planned for Milwaukee.

Book Reviews

The Home Nurse. By E. B. Lowry, M.D., Author of "Herself," "Confidences," "Truths," etc. Chicago: Forbes & Company. 1914.

We congratulate Dr. Lowry upon this most useful book. We say "useful," as almost all books on this subject seem to overlook the importance of nursing in the home, when frequently, of necessity, that duty devolves upon some member of the family with little or no experience in the care of the sick. Dr. Lowry's volume should find its way, and we hope it will, into many households, where it should prove of invaluable aid in facilitating many situations that otherwise are most difficult.

Costruzione Degli Ospedali-Ospizi E Stabilimenti Affini pel Dott. C. M. Belli, of the University of Padova. With 252 illustrations. Published by Ulrico Hopeli, of Milan, Italy. 1913.

Ordinamento del Servizi Negli Ospedali ed Institutioni Affini pel Dot. C. M. Belli, Doctor of Hygiene, University of Padova. With 167 illustrations. Printed by Ulrico Hopeli, Milan, Italy. 1914.

The two above-mentioned books on the construction and management of hospitals and allied institutions are written in Italian. Every hospital worker would gain some profit from looking through these manuals, although, perhaps, only able to appreciate the illustrations they contain. They may know enough Latin and Greek to gain a clue of what is in the text. If he can read Italian, so much the better. In such case he ought to buy these interesting and up-to-date books.

The Psychoneuroses and Their Treatment by Psychotherapy. By Professor J. Dejerine, Professor of Nervous Diseases of the Faculty of Medicine, University of Paris. Translated by Smith Ely Jelliffe, M.D., Ph.D., Adjunct Professor of Diseases of the Mind and Nervous System, Post-Graduate Medical School, New York.

Jelliffe says he has been led to do the translation of this work because he has noted the immense number of minor psychic disturbances which render numerous individuals unhappy, ill, unable to hold their own in their miliew; even making confirmed invalids of many.

Dejerine prefatorily remarks that he was struck with the slight use of medicines in the treatment of hysteria and neurasthenia, and was led to depart from the usual therapeutic methods, and seek the cause of these diseases, outside of the objective symptoms they presented. After briefly reviewing the subject he concludes that in the "moral sphere the bare idea produces no effect, unless it is accompanied by an emotional appeal which makes it acceptable to the consciousness and thus brings about conviction." "It is the faith that saves or cures."

This volume contains 385 pages and comprises 27 chapters. It is divided into three parts: 1, a study of symptoms; 2, a study of the general mechanism of the foundation of the psychoneuroses and their variation; and 3, a setting forth of the therapeutic proceedings and helps.

Every practitioner who has to deal with functional nervous troubles will read this work with much interest and profit.

Die Heilwirkung Des Radiums. Nach einen Vortrage, gehalten vor der Roentgen Society in London, von Dr. Siegm. Sauberman, Berlin, Vienna. To be had by applying to Radium, Limited, U.S.A., 25 W. 45th St., New York City.

This pamphlet, consisting of 40 pages, with 36 illustrations, is the latest publication on the subject of Radium Emanation Therapy. It is of the greatest importance and interest to the physician desirous of using radium emanation in treating those diseases which it influences, on account of its thorough but still concise discussion.

The 36 illustrations contained are, in all probability, the first of their kind ever shown in this country, and demonstrate clearly the effects of the rays and emanation of radium.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

BUFFALO U.S.A. **TORONTO, CANADA** LONDON, ENGLAND

An International Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout America, Great Britain and her Colonies.

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Editorials

AT THE JUNE MEETING

THE hospital section of the American Medical Association which met in late June discussed three distinct departments of hospital interest during the three days session, devoting one day to each depart-

ment, and thus making it possible to those attending, to concentrate upon the phase of work which most attracted them.

In the discussion of the care of communicable diseases which occupied the first day the subject of cross infection was taken up by Dr. R. J. Wilson, director of New York hospitals. He stated that while he could not endorse the recently introduced movement to house certain communicable diseases in the same areas, yet by the adoption of technically correct conditions of housing and attendance he believes that cross infection may be kept at a minimum.

Dr. D. S. Richardson, of the Providence City Hospital, in a stirring address stated his belief that while a few cases are introduced through the medium of an infected nurse, practically all cases of infection are introduced through patients suffering from an unrecognized disease. Dr. Richardson believes with Dr. Chapin that the missed cases equal or exceed those discovered, and urged that the admitting officer in a general hospital be of high skill in diagnosis, "alert in detecting suspicious symptoms, and ultra-conservative about placing suspicious cases either with convalescents or with those suffering from recognized diseases."

Physical therapy in the hospital, was the subject of the second-day discussion. Papers by Dr. Walter L. Burring, of Iowa University, and Dr. C. Bucholz, of the Massachusetts General Hospital, were given. The former spoke from the physician's standpoint of the relative values of hot and cold baths, packs, mas-

sage, and various modern appliances for physical exercise of the invalid. The relation of the hospital to this department of medicine, he thinks, should be its ability to give the medical department all that it requires in equipment and trained attendance for the full discharge of the treatment ordered.

The third-day session was devoted to the discussion of heating, ventilation, and hospital air problems in general. The papers read were extremely interesting, without revealing anything especially new in this direction. The prevailing idea, however, seems to favor a simpler system, rather than further elaboration in this direction. Many examples of construction were instanced where no fresh air is introduced; and some without inlet or outlet. One engineer was very firm in his conviction that the inside temperature should be varied with the outside, although not in marked degree; in other words, with the thermometer at fifty degrees outdoors a temperature of seventy degrees might compare with that of sixty-six with zero weather, thus going up the scale to a point where the outside temperature had become suitable for the general inside living temperature.

Other authorities on the subject argued that a uniform temperature in the patient's room was not advisable; that the temperature should vary at different times of the day—in other words, that nature sets the pace for us in its ideal June weather, neither too hot nor too cold, but never many hours together exactly the same temperature.

A difference in opinion between architects arose concerning the statement made in one paper read, that the constructing architect should refer everything relating to materials, system, etc., to the superintendent, and concerning floors, wall coverings, etc., to the medical staff. One differing opinion expressed was that the question of building materials should be referred to the architectural specialist as to its suitability for its purpose, and that the architect should advise the proper material to use.

In the joint session of the surgical and medical hospital session, Mr. Galbraith, the builder efficiency expert, who has devoted himself to the study of motion in regard to the erection of buildings, gave a most interesting paper on lost action by the surgeon in performing operations; that with a more careful study of his motions much time could be saved. He proved his statement by apt practical illustration.

The hospital section of the association was interesting throughout and educative.

WAR HOSPITAL NECESSITIES

At the present moment of writing it is announced that the War Office has requested that "a complete line of communication" be sent with the Canadian forces. This includes, among other units, a complete hospital outfit and facilities. In complying with the request Canada is preparing to include two general hospitals, two stationary hospitals, one clearing hos-

pital, eighty-six nurses, with sufficient officers and men for manning the unit.

This request implies the conviction on the part of the War Office that the British hospital forces will be tested to capacity, and that it is desirable the Canadian regiments have their own equipment in this respect. It is not only well that we should be able to look after our own men, but also be in a position to aid our allies, and beyond this to become part of the vast army of merciful ministration that follows that grim and tragic other army. Canada's men of healing are needed wherever her fighting men go.

It does not seem likely that there will be a paucity of permanent buildings for this purpose; since in addition to the permanent hospital force of Great Britain the authorities are receiving numerous offers of private homes, castles, palaces and mansions to be used for hospital purposes, many of the owners providing also a full equipment for the houses offered and paying for their maintenance.

Devonshire house, Piccadilly, has been loaned for headquarters of the British Red Cross Society, and the great hall is filled with desks, and titled workers busy with the plans of the organization

A number of private yachts have also been volunteered for hospital ships.

In fact, the offer of hospital accommodation throughout Great Britain is at the present in excess of the need, and gifts of money or equipment would probably be more useful.

More serious than the housing problem of the wounded in the present crisis is that of adequate hospital service for the same. The large British hospitals have already been drawn on so heavily for the field that their working staffs are seriously depleted. Many of the orderlies and underworkers have been called out as reservists, while doctors and nurses have been accepted in large numbers for the front.

The permanent hospitals which are at the base must keep their staffs and services efficient both for the civilians and the great influx of wounded that will eventually come to them.

But there are the new units to be organized, equipped, and systematized in order to render the maximum of efficient service; and for this *The Hospital* has suggested that Lord Kitchener add to his staff a civilian, a Director-General of proved knowledge and administrative capacity, whom he could make responsible for the selection and equipment of these supplementary hospital units for the reception of the sick and wounded. This, *The Hospital* thinks, would remove many difficulties and expedite the gathering up of all the means to hand for supplying requisite hospital accommodation, and making it rapidly available, sufficient and complete.

In addition to this there is to be considered the hastily improvised field hospital, the barns, the deserted homes, the outhouses, all the hasty shelters in which the wounded carried to the rear may be given temporary refuge and treatment until they can be removed elsewhere. Hospitals on the field or close to the battle field are strenuously and continuously

emergent, and need all the skilled directive resource of the hospital and sanitary experts to prevent them from becoming places of death-dealing horror worse than the firing line.

Erysipelas, scurvy, and that hideous thing "hospital gangrene" are some of the hovering terrors of the war hospital—with enteric fever and pneumonia never far away.

It is imperative that the best trained men in hospital organization and sanitation be given control of this department of service, so that nothing be wanting of system, supplies or sanitation to make effective the work of the surgeon and physician.

Since war is an abnormal state, its hospital needs cannot be governed by normal hospital rules; and the long years of peace have left Canadians inexperienced in this, as in other war necessities. But it is the evident duty of the Canadian Government to see that trained sanitarians and skilled hospital emergent executives are not lacking when the hospital unit is organized to accompany the Canadian regiments to the front.

THE SIXTEENTH CONFERENCE

The sixteenth annual conference of the American Hospital Association must have brought to its older members a realization of the measure of its progress. Looking back upon the first meetings of the association, when a few superintendents met in conference concerning their work, these earlier members cannot but realize the splendid expansion of the association

in membership, in attainment and in aim. They realize that it has become a force in its own domain of endeavor, with opportunities ahead for greater achievement.

That the vision of a larger work is given to some of the members is evidenced in the President's address, when he says: "As I view it, this association should deal with the broad, exceptional or involved subjects, leaving the simpler or commoner subjects to smaller organizations such as the Round Table of Boston and the Hospital Conference of the City of New York. Undoubtedly there is a field for these smaller organizations, and I strongly urge superintendents throughout the country to get together in groups for mutual improvement through the interchange of experiences."

There are hospital problems of large and public importance to be considered each year by this association, if it desires to build up to the measure of its possibilities. The smaller and simpler questions of hospital detail should be matters of discussion for smaller local organizations, or branches of the association.

Dr. Howell's address was replete with valuable suggestions. The motion of Dr. Fowler that a committee be appointed to take the paper into especial consideration during the ensuing year, with view of reporting upon these suggestions at the next meeting, received hearty adoption.

There was a good attendance, nearly three hundred registrations, representing thirty-four states, together with the two nearest Canadian provinces.

Yet it was to be regretted that so many of the large eastern hospital heads were unable to attend. Distance and the present unstable financial conditions may have had something to do with it. But the question comes up, in this connection, whether the association as a large international body should not hold biennial or triennial meetings, leaving the annual meeting to sectional gatherings held by the smaller organizations referred to above.

In regard to the conference just concluded, a suggestion might be made that it would be well if papers were assigned only to those who are fairly assured of being able to present them in person. In any instance of unexpected absence the writer should be requested to send his paper in to the secretary sufficiently in advance of the meeting to secure intelligent reading at the proper time. Several of the papers read at the St. Paul meeting lost much through indifferent presentation, a natural consequence of being handed to some member to be read at a minute's notice.

It is also a question whether it is desirable that the "Exhibit" should pass from under the control of the association, to become a speculation for outsiders. That the hotel authorities should have the leasing of the exhibit space at their own prices not only deprives the society of revenue, but introduces a commercial element outside of association control which is not in keeping with the standing and purpose of the organization.

Further details of the meeting will appear in the November issue of THE HOSPITAL WORLD.

Original Contributions

AMERICAN AND EUROPEAN HOSPITALS

BY J. N. E. BROWN, M.D., DETROIT, MICH.

THE following is a report made of Dr. Brown's most interesting talk, given at the last meeting of the Canadian Hospital Association:

Dr. John N. E. Brown, Superintendent of the Detroit General Hospital, took up the subject of American and European hospitals. He did not present a formal paper on the subject, but rather a talk. A newspaper reporter—on the Toronto *Telegram*—epitomized it in the five following paragraphs, to which the speaker subsequently added some notes for the official publication:

"Dr. Brown illustrated his interesting remarks with lantern slides. Dr. Brown's review touched on many different ideas of hospital planning and styles of architecture as picked up in Germany, Austria-Hungary, Denmark, England, Ireland, Italy, the United States and Canada. He emphasized the points in which he considered European hospitals were ahead of those in this country, and wherein he considered they failed to come up to the standards prevailing in America. Dr. Brown amused his hearers by alluding to almost every other view of a hospital that was thrown on the screen as the greatest hospital in the world.

" 'Many European hospitals,' he said, 'are only one storey in height, but the pavilions were scattered over perhaps an area of 100 acres. The majority of them, too, were supported by the State or municipality, distinct in contrast to our hospitals, supported in the main by voluntary subscriptions. I hope the day is not far distant,' he continued, 'when the efforts my friends, Mr. J. Ross Robertson and others, have made to look after the health of the city, will not be needed. They have reached that goal in Germany. The whole State is filled with the idea of social service to prevent disease and to look after the health of the people. In Europe a great deal of attention

was paid to the layout of the grounds surrounding the hospitals, but the roofs were not utilized at all for any purpose.'

"One European hospital shown had the feature of being a general hospital in reality, inasmuch as it cared for all kinds of diseases, including tuberculosis. With this arrangement Dr. Brown was heartily in sympathy. 'Let us look after them all,' he said. 'It is better for the doctors, better for the nurses, and better for the patients.'

"Another feature of European hospitals was the bath house in which provision was made for almost any kind of bath. Some patients lay in baths for over a year. He hoped to see these introduced into American hospitals. One advantage students had in studying in European hospitals was the fact that they were able to carry out post-mortems in 90 per cent. of the cases, whereas in this country the proportion was only 30 per cent. In this regard, however, Professor Mackenzie stated that conditions were improving.

"The Germans excelled in kitchens."

The following pictures were thrown on the screen: Of the Rigs Hospital, Copenhagen—the ground plan, ward plan, ward interior and kitchen. Of the Allgemeine Krankenhaus, Vienna —exterior of typical new pavilion and of private patient pavilion, and the Frauen Klinik.

Rudolph Virchow: ground plan, exterior view of pavilions, patients on terraces, ward plan and ward interior.

Duesseldorf: Entrance through administration building. General exterior views of some of the principal buildings: Of Cincinnati, Kolozvar (Hungary), Eppendorf, Manchester, Military Hospital (Gibraltar), Toronto General Hospital and the Detroit General Hospital; Lindenberg Hospital with its courts and gardens.

Models of the Detroit General Hospital and the new hospital at Santiago, Chili.

Ward plans of: Johns Hopkins; Cincinnati City; City Hospital, Albany; Virchow, Nuremberg, Muelhausen, Eppendorf, Royal Victoria (Montreal), Royal Infirmary (Manchester), Derby, the Burnham pavilion at the City Hospital, Boston: City Hospital, Dresden; University Hospital (London).

Exterior of Dr. Dollinger's surgical clinic, Buda Pesth, and the interior plan.

Frauen Klinik, Dresden: Operating room, labor room, showing several confinements in progress, incubator room, surgeons' washup room, interior of obstetric ward, babies' bath-room.

King's Hospital, London: Ground plan, and general view of construction of pavilions.

Several types of corridors were shown: Lindenberg, Cincinnati, Military Hospital at Rome, Landes Sanatorium at Steinhof; Royal Victoria (Belfast).

Peter Bent Brigham, Boston: General view from front. Two views—one of each side of a typical pavilion.

The plan of the Pasteur Contagious Hospital, Paris; of the Municipal Fever Hospital, Philadelphia; and the elastic unit designed by Dr. S. S. Goldwater.

Of Rixdorf were shown exterior views of the administration building, the bath-house and a typical ward pavilion; likewise the ground plan.

Bath-house—plan of the one at Charlottenburg and an interior view of one at the Duesseldorf.

Operating room—interior view of the one at St. Georg, Hamburg, and of that at the Polyclinico (Rome).

A vacuum cabinet for intra-thoracic surgical work, Zander Room of a German hospital, and a wash room, a nurse of the Royal Military Hospital, Gibraltar, and a group of leading workers in the American Hospital Association.

The unique features about the Rigs ward, Copenhagen, are: (1) The placing of the beds parallel to the length of the ward, so that the patients are not obliged to stare at the opposite windows. This necessitates a wide ward. Directly in the centre of the ward are two rooms with thick walls—one a dressing room and the other a surveillance room. The short corridor between these two rooms connects two large ward spaces. On each side of the larger area is a solid screen, extending from a point some two feet above the floor to a height of some six or seven feet. These screens stand out from the side walls some three feet and extend inward to posts some eight feet apart. On each side of the screen stand two beds, with heads to the screen. Opposite the foot of each outer bed is a second bed, thus making a sort of

semi-private area containing three beds. There are six of such areas in the unit. The two other areas of the same size as these six are quite shut off by walls. There are six lavatories right in the unit, the wall behind each being covered by tiling in colors. At each end of this portion of the unit containing the beds and the two rooms referred to, are openings, one into an ample cut off beyond which is a day room, a hall leading out of doors, and toilets for patients and nurses, and a sink room. At the opposite end you enter a short hall corridor which unites with an air cut off corridor. On one side of this short hallway is a bath-room; on the other the diet kitchen. On the other side of the air cut off corridor are the elevator, the utensil room, the pantry (*garde-manger*), the soiled linen room, and the room for clean linen.

To supply the needs of Cincinnati City Hospital Dr. Christian Holmes visited the best hospitals in Europe and this country and studied their equipment and construction. He formulated his plans for segregated buildings in accordance with the most advanced ideas of hospital construction. He selected a site of 30 acres, away from the congested part of the city, yet within easy reach, on high ground, surrounded by wooded hills.

In laying out the grounds and planning for the hospital buildings, attention was paid to the possibilities of future expansion. Enough ground has been purchased to accommodate buildings for 100 years to come. Ideas were appropriated from the Rudolph Virchow Hospital in Berlin, the Ependorf Hospital in Hamburg, and from several of the leading hospitals of American cities. The new hospital is built on the corridor-pavilion type of the Johns Hopkins Hospital in Baltimore. While the exteriors of the buildings are not devoid of ornamentation, the view always in mind has been utility of the interior.

Here is a description of one of the ward buildings that is typical of them all. The building is four storeys high, with a bright and clean basement. On the fourth floor is a roof-garden, which connects with the top floor. Each floor is in itself a complete hospital, or what is technically known as a "ward-unit." It consists of a ward containing 24 beds, four end rooms, treatment and lecture rooms, service kitchen, dining room for convalescent patients, bath-room, sink-room, nurses' room, toilet and wash-room, linen closet, sun parlor and corridor. If at any time

it becomes necessary to isolate one of the floors, all the requirements for the operating for a complete hospital are still there. This arrangement is repeated in all the ward buildings on the grounds.

About a year ago a group of buildings on the new hospital grounds devoted to the treatment of contagious diseases was dedicated, and has since been in successful operation. Here cases of scarlet fever, measles and diphtheria are treated. There are few hospitals like this contagious group in the world. Here the patient is allowed to see relatives. The visitor is taken into a special room, puts on a cap, gown and covering for the shoes, and is then permitted to go to the patient's bedside. Upon leaving the visitor is led into a disinfecting room and thoroughly disinfected. By an arrangement consisting of a wall of plate glass the dead may be viewed by relatives without fear of contagion, an innovation in public hospitals.

The roof space of these various pavilions must be spoken of. It is floored with red quarry tile and surrounded by a high parapet (say ten feet) through which are windows, making possible splendid vistas of the surrounding suburbs and the adjoining hills and valleys. These, with the farms and woodland, houses and gardens flooded with sunshine, and the blue sky above make a scene gloriously beautiful. These roof spaces may be shaded with heavy duck in too sunny or inclement weather. The necessary ward adjunct rooms are available for service.

The nurses' home is probably the finest in the world. Provision is made for ailing nurses by having a small infirmary in a quiet, secluded part of the building. They also can enjoy the roof *en deshabille*. A separate kitchen is provided.

The arrangement for the admission of cases is most convenient, both to the administration building and to the ward pavilions as well. Special provision is made for cases of sunstroke and poison. Patients' clothes (when necessary) are not only fumigated, but also mended and folded and cared for until the patients are discharged.

Dr. Holmes has thought of everything—no pains having been spared. No detail has been too minute to escape consideration.

The Peter Bent Brigham Hospital spells H. B. Howard. It is plain, genuine, substantial, characterful and serviceable. It

was not built to look at, though it stands in such an artistic centre as Boston. But it is meant to serve the purpose for which it was built—to care for the sick in a common-sense way—affording them the maximum of air and sunshine, and to do it at the minimum expense.

The principle of the terraced pavilion, as recommended by Sarasan of Germany (but never used there, so far as we have seen or heard), has been adopted in the main portion of the unit—in order to permit the patients upstairs to get out of doors without shutting off light from the ward beneath. At the end of the unit there is a semi-octagonal structure with a tepee-like roof. This is supported by exposed rafters and beams. Provision is made for natural ventilation through the monitor roof. The floors, like those of the State Farm institution, are heated—that is the granolithic under the beds. Each bath-room has a closet off it in which the patients' clothes are fumigated, and its doors are wide enough to admit a bed.

Contrasted with these recent American hospitals, Dr. Brown presented the Virchow (said to be the greatest hospital in the world, like all the big modern American and Canadian hospitals). This enormous institution, covering scores of acres and housing thousands of inmates—patients and attendants—was like a town, laid out in blocks, with paved streets, parks and gardens. While the main front showed an administration building some three or four storeys in height flanked by a gyneco-obstetric pavilion of the same height, the grounds were covered with rows of long one-storeyed pavilions. The head house, with the main service rooms, is in the centre of each long pavilion, and runs up to a second storey and contains quarters for house doctors and nurses who do duty in the pavilion. There are two long rows of these pavilions, one row for surgical patients, with an operation house and admission units for each sex; and one for medical cases, with a bath-house for their treatment, and receiving units for each sex. A large service building supplies power, heat, light, refrigeration, and contains the kitchen and laundry. Then there are contagious pavilions, pavilions for tuberculosis, leprosy, plague, smallpox—in fact for every known malady—including mental cases. The wards have tiled floors and are heated by means of pipes running the full length of the

ward. These pipes are more easily inspected than the average radiator and are more easily cleaned. One sees here a convenient provision for disinfecting linen, a receptacle being placed in the wall between two small rooms. Into one of these rooms the infected linen is brought. It is placed in the receptacle to soak for twelve hours, in water or carbolic solution; thus the stains of blood or pus are dissolved. The contents are then brought nearly to the boiling point, following which they are passed through a wringer attached to the edge of the half of the sterilizer which protrudes into the clean room. From here the linen may be taken to the laundry without endangering the porters or the launderers. Should the linen be withdrawn from the sterilizer on the unclean side it would be in danger of reinfection. Dr. Brown hoped to see this sort of apparatus used in America generally at an early date.

The speaker commented strongly on the disinfection house, which all the larger institutions like the Virchow Hospital possessed. They were conspicuous by their absence on this side of the Atlantic.

Dr. Brown gave a brief description of some of the other leading hospitals.

THE CANADIAN HOSPITAL ASSOCIATION

Owing to the present unsettled condition of affairs throughout the Dominion, the Executive of the Canadian Hospital Association have concluded that it will be better to postpone, for the immediate present the meeting of the Canadian Hospital Association that was otherwise to take place this month. Fuller information will follow.

THE HOSPITAL FOR SICK CHILDREN, 67 COLLEGE STREET, TORONTO

The work of caring for sick children appeals to all ranks and conditions of people, and the hope is expressed that the story of the institution from its humble beginning to its present modern and thoroughly equipped hospital may prove interesting and instructive to the readers of The Hospital World.

The history of "The Hospital for Sick Children" embraces the original hospital founded in 1875; the Lakeside Home for Little Children, its Convalescent Branch on Toronto Island; the Training School for Nurses with its Nurses' Residence in Elizabeth Street; the new Out-Patient Wing also in Elizabeth Street; and the Pasteurization Plant in Laplante Avenue.

The Opening Day of Long Ago.

It is just 39 years ago, in the year one thousand eight hundred and seventy-five, over a third of a century, since the front door of an unpretentious dwelling, an eleven roomed house in 31 Avenue Street, which then ran parallel and alongside of College Street, and is now part of that street, was opened ready for its Mission of Mercy.

It was the 1st day of March, a typical March morning, for the Storm King seemed to have it all his own way, and snow and drift combined made it a wild and stormy one, not soon to be forgotten.

In the pioneer days of this branch of hospital work, Children's Hospitals were not so popular as they are to-day. Adults sought the shelter and helping hand of the hospitals for men and women, but fathers and mothers were loath to send their little ones to a hospital for children, so the progress of filling the first six cots was slow.

In 1855, the Toronto General Hospital, in Gerrard Street East, was opened, and as far as facilities afforded, children were received, principally, however, accident cases, or those who could be permanently cured or relieved. There was no Children's Hospital in Toronto until 1875, when a few good women in the city inaugurated the work. It was founded entirely on the principle of simple faith, and all subscriptions were voluntary.

The study of the diseases of children is to-day, however, in every Continent creating particular interest among physicians and surgeons, and eminent men in all large centres are making a specialty of this particular branch of medical and surgical treatment.

The First Contribution.

The First Two Contributions.—In 1874, a few English coins were given towards the establishment of a hospital exclusively for sick children. Then a notice being put in the daily papers, an anonymous letter from Fergus, Ont., arrived enclosing $20, "For the Sick Little Ones." This sum was used to publish the first circular telling about the institution that was to be opened, so the first house was rented, in which were placed six little iron cots, and the work began.

The First Patient.

The first patient was little Maggie, age three years, who had fallen into a tub of hot water, and was badly scalded. She had been left in the care of an elder sister while the mother was earning bread for the family. A party of nine young ladies of Toronto, who had been working during the winter for the hospital, claimed Maggie as their special charge and agreed to keep her cot, by a payment of $100 a year.

The First Removal.

The Second Home.—As the months passed, and interest deepened, and the work increased, it was evident that 31 Avenue St., the hospital's birthplace, was too restricted in space and defective in other ways, and on June 1st, the following year, 1876, the hospital was removed to 206 Seaton Street. This was a great improvement on the first home; it was detached and possessed the luxury of a larger and pleasantly shaded playground, but it was unsuitable for the increased work.

The Second Removal.

The Third Home.—In 1878, the opportunity of a more suitable building was offered in a vacated house then known as the Protestant Sisterhood in 245 Elizabeth Street, near College Street, and after many alterations and additions were made, the

children were moved to the third home of the Charity. These premises consisted of land running from Elizabeth Street to Emma Street (later Mission Avenue, now Laplante Avenue), a depth of 150 feet, with a frontage on each street of 40 feet.

The Third Removal.

The Fourth Home.—The years went on and prosperity shone on the work—the hospital had grown beyond its house capacity—the sympathies of the people of Toronto had been thoroughly awakened to the needs and requirements of a larger home for its inmates. The "Fall" of 1886 saw the hospital ready for its fourth flitting to the Notre Dame building on the north-west corner of Jarvis and Lombard Streets, the Elizabeth Street house having quite outgrown its usefulness.

The Fourth Removal.

The Fifth and Present Home.—The men and women who had taken, since the beginning of the work, such interest in the care and cure of sick children, now began to see that greater strides were necessary in regard to a suitable building, in order to keep pace with the requirements, and a "New Hospital" became the goal. All the best hospitals and homes for little children in Great Britain, Europe and the United States were visited.

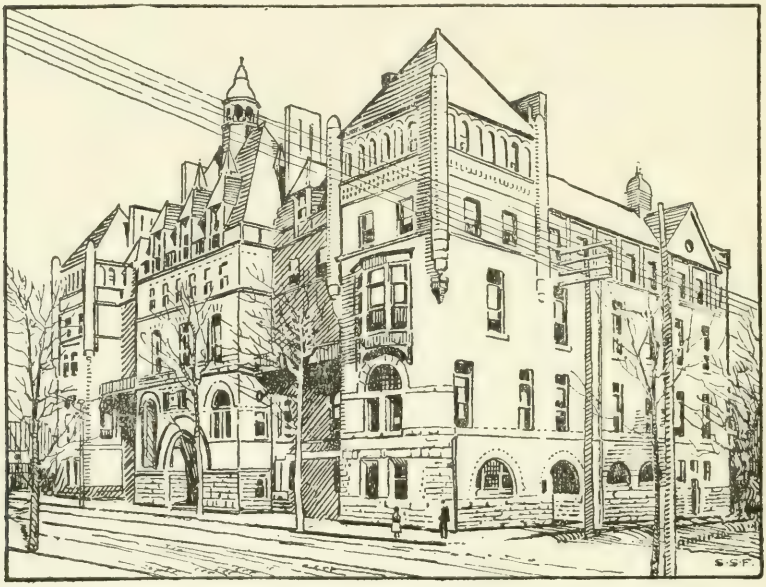
The site was chosen on the old location at Elizabeth and College Streets, and on the 10th of June, 1889, the first spadeful was taken out of mother earth from the selected site, in the presence of the trustees and a hundred friends, by Master Irving Earle Robertson, the eight-year-old son of Mr. J. Ross Robertson, and on the 6th of September the foundation stone of the new Hospital for Sick Children was laid by Mr. E. F. Clarke, Mayor of Toronto, in presence of the Corporation and many citizens.

The beginning of the year 1891 saw the great four-story pile in the air, with its handsome red brick front, its peaked towers, its terra cotta ornaments, its quaint tiled roof, its massive arched entrance and stone carvings—a structure that appealed to every passerby for sympathy, as being the new home of little ones who suffer—often the pets of the homes—but others, who owe their pinched faces and tottering steps to the neglect and poverty of those who brought them into this world.

This last and fifth home of the Hospital for Sick Children is situated on the south side of College Street, between Elizabeth Street and Laplante Avenue.

Description of the Mother Hospital.

The building has a frontage of 150 feet and a wing in each of the other streets running back 105 feet. It is of excellent design and an architectural ornament to the city.



The Hospital for Sick Children, College Street, Toronto. The Main Building, where an average of 1,500 In-patients are treated yearly.

The main entrance is imposing, round-arched and of large cut stone; and above it is an ornamental stone tablet with carved figures of cherubims.

The heavy, oaken, panelled doors open into a tile-paved vestibule, lined with pressed brick and ceiling of open timber work.

A special feature—The Robertson Memorial Window.—On the left is a stone staircase, and facing this a large stained glass window 15 feet high and 7 feet wide, which greatly enhances the beauty of the hospital building. It was erected in 1891, as a

memorial of the first wife of Mr. J. Ross Robertson and her daughter, Helen Goldwin Robertson, and presented to the hospital by Mr. J. Ross Robertson and his two sons, John Sinclair and Irving Earle.

The window was made by Mr. Henry Holiday, London, England. The subject is "Christ Healing a Sick Child," by Gabriel Max, and so perfect is the scene portrayed that the lifeless glass conveys the beauty and value of the kindly deed of Him whose great human heart beat so tenderly for the little ones whom He loved and blessed.

The gift of the window was another tribute of the munificent liberality of one who then so materially aided the work in the building of the Lakeside Home for Little Children, and also through whose exertions this new hospital owes its erection.

The main building consists of six floors: basement, ground floor, first, second, third and fourth floors.

The basement contains heating chambers, the steam main passing entirely around the building, fresh air passages, hospital store rooms for groceries, vegetables, etc., and repair department.

On the ground floor entering from Elizabeth Street is the In-Patients' Receiving Room, with bathroom attached, Laboratory department, Well-babies' Clinic Room. Along the corridor on the north side are the linen rooms, doctors' dining room, dietitian's office, hospital diet kitchen, domestics' dining room and the main kitchen extending to the south end of the eastern wing.

The First Floor.—The business offices occupy five rooms facing College Street, the Exchange has a complete telephone system, communicating with all parts of the building, two large wards, smaller ward, two service pantries, dressers' rooms and X-Ray department.

The Second Floor.—Two large wards, two smaller wards, eight private patient rooms, superintendent's office, assistant superintendent's office and students' lecture room.

The Third Floor.—Four wards for babies, with room for baby feedings and formulas.

The Fourth Floor.—The entire upper storey has been remodelled and given up for an operating suite, with the latest modern equipment.

Record of Patients, 1875-1913.

A record of every ten years will give a fair idea of the progress of work of the In and Out-Patient Departments. The Dispensary was closed 1886-91.

	In-Patients.	Out-Patients.	Total In and Out-Patients.
1875-1884	564	2,032	2,596
1885-1894	2,896	2,853	5,749
1895-1904	6,911	44,641	51,552
1905-1913	10,647	109,705	120,352
	21,018	159,231	180,249

The In-Patient Department includes all the patients who are admitted and treated within the walls of the hospital. The Out-Patient Department is for children who reside in the city, or outside patients who live with friends in Toronto, so as to have advantages of treatment without residence in the hospital.

Just note the growth—interesting figures—1 nurse, 6 little white cots, a few dollars, a few friends—the beginning. The beds have grown to 250, the nurses in training to 73, the dollars and friends to thousands.

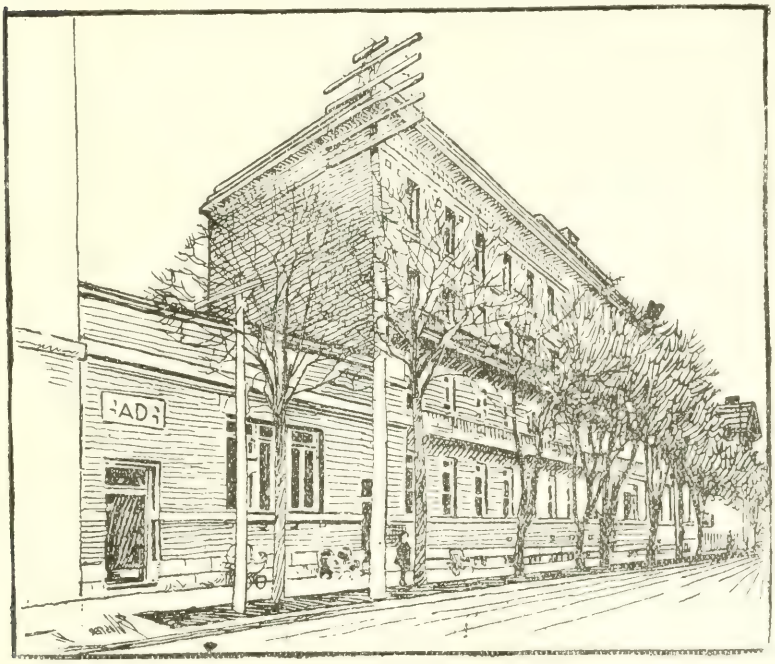
1875—Nurse.....	1	1875—Cots.....	6
1913—Nurses.....	73	1913—Cots.....	250
1875—In-Patients.	44	1875—Out-Patients	67
1913—In-Patients.	1,648	1913—Out-Patients	25,507
1875—Receipts....$	2,258.03	1875—Expenditure	$2,256.03
1913—Receipts....	98,795.46	1913—Expenditure	101,696.18

Alterations and Additions, 1913-1914.

The work of the hospital had gone forward with such leaps and bounds that its equipment and accommodation had been tested to its fullest capacity, and about the end of 1911, the trustees felt that the hospital's usefulness was being hampered for want of room, so it was determined after serious consideration that the only way to meet the situation was by the extension of the present buildings.

As the hospital had no funds to make the extensions, an application was made to the Mayor and Corporation of the City of Toronto for a grant which would re-model the interior of the main building and provide a new wing.

The council, recognizing the magnificent work the hospital was doing, at once endorsed the recommendation, and a by-law



The Out-Patient Dispensary, Elizabeth Street, where about 35,000 Out-patients are treated every year.

was passed in January, 1913, by the ratepayers of Toronto, by a majority of 12,966 votes, for a grant to the hospital of $250,000.

The extensions and alterations proposed have now been completed, and in the opinion of the medical and surgical staff and those interested in hospital construction, the improvements are ideal.

The alterations to the main building include: (1) Open balconies built off each ward and which are among the most striking improvements. Each of the five large wards flanking the building on the east and west were altered in such a manner as to permit the addition of an airing balcony at the south end of each; the bathrooms, sink room, etc., were removed to the north end of each ward.

(2) The new operating suite occupying the entire upper story consists of three well-lighted operating rooms—general, emergency and dental, sterilizing room, anaesthetic room, instrument room, nurses' work rooms for preparation of dressings, surgeons' lockers and dressing rooms.

(3) The rearrangement of the entire culinary department includes the extension of the main kitchen, addition of cold storage, new diet kitchen, and complete modern equipment throughout—a unique feature—the installation of electric power to run ice cream freezer and potato parer.

(4) *The New Power Plant.*—The hospital has followed the lead of many other institutions who find economy in providing their own light, heat and power, and for this purpose a building has been erected in a central position on the hospital grounds.

The First Floor.—The boiler room contains three 200 H.P. water tube boilers and a generating room containing three electric generators directly connected to high speed steam engines, ice manufacturing machinery and power house repair shop.

In the basement are found the boiler feed pumps and feed water heater, also a vacuum pump for the heating system.

The steam to heat the various buildings is derived from this plant, being conveyed in mains run through tunnels constructed for them.

The electrical power necessary for lighting and driving the motors in use for fans, laundry works and ice machine is derived from the generators.

The refrigeration is run in cork-covered piping to the pasteurizing plant, ice-making room and cold storage boxes in the main building and other parts of the hospital.

To provide requisite draught for the boilers, a stack was erected at a height of 125 feet from ground to level and high

enough to remove fumes of coal consumption clear of adjoining buildings. Coal bunkers with a capacity of 200 tons adjoin the boiler room power house. The fire boxes to the boilers are fed automatically, each grate having its own smoke-consuming apparatus.

(5) The enlargement of the X-Ray Department. The space that was formerly occupied by the operating-room has been assigned for this purpose, new dark room, patients' reception room, filing room, and special and new apparatus installed. The system for filing is especially complete, the plates being filed away in rotation corresponding with an index filing system under name of patient, doctor and disease—a plate taken 5 years ago can be found as readily as one taken a week ago.

The following figures in the last report show the variety of work done in a year for in-patients, out-patients and private patients, and the usefulness of the X-Rays for diagnosis of both surgical and medical cases:—2,120 skiagraphs made, 110 X-Ray treatments for different diseases, 200 fractures reduced under the rays. Diagnosis—380 dislocations and fractures, 98 hip cases, 150 bone diseases, 580 chest and lung conditions, and 72 foreign bodies discovered. The 580 chest and lung conditions are cases of suspected tuberculosis in children.

(6) Then there may also be mentioned briefly: the installation of an electric elevator, new offices for the Superintendent and her assistant, re-arrangement of the bacteriological department, patients' receiving rooms, furniture and store-rooms.

All of these changes with the adjustment of the heating arrangements, the modern ventilating system installed, and especially the runway connecting all the buildings in the new wing, the pasteurization department, laundry and power plant, have greatly increased the efficiency of the Hospital's work.

The Extensive Additions Include—The New Wing:—

(1) The basement is taken up by the orthopedic work shop, autopsy room, morgue, chapel and various store-rooms.

(2) The ground floor of the new wing is divided into the various clinics for the treatment of out-patients, with a waiting-room capable of seating 200 patients, and a dispensary. There is an operating suite, orthopedic and surgical clinic, ear, nose and

throat clinic, eye clinic, medical clinic, dressings, examination, preparation and plaster rooms. In connection with the orthopedic clinic is a large workshop and leather room fitted with modern machinery driven by electric motors, for manufacturing the various artificial appliances prescribed for patients.

In 1913 many instruments were made in the orthopedic shop, and included:—30 braces for spine, 32 hip splints, 9 knock-knees, 45 ankle braces, 60 leg supports, 32 club feet splints, 100 flat foot plates, 10 bow leg splints, 40 night splints, 25 Thomas knee splints, besides 25 frames, 15 plaster and 4 aluminum jackets.

(3) The first and second floors of the new wing are laid out on exactly the same lines as the Pasteur Hospital in Paris, into glass cubicles for individual patients, so that the children are absolutely isolated, and all dangers of cross-infection eliminated. In cases of infection the parents are not allowed to enter these cubicles, but may see their little ones from the balconies on each side of the building.

Each of these floors has its own diet kitchen, sink-room, receiving and discharge rooms. The divisions between the wards themselves and corridors are made by means of metal and glass screens, running from floor to ceiling, for the purpose of keeping the patients under complete observation.

(4) The third floor is at present used to accommodate the domestics, but has been so arranged that it can be converted into wards, when necessary.

(5) The roof, which is to be used as an open air ward, is covered with red tile and protected by a parapet wall. This roof-garden has also provision for kitchen and sink-room, so that patients may be treated out of doors.

The various floors are accessible by elevator or staircase, the elevator cage taking a bed if necessary.

On both sides of ward floors and outside of the building, running from end to end, are observation balconies, and at the south end of each floor are airing balconies.

The construction throughout is fire-proof; the floor concrete and expanded metal; all beams and columns are fire-proofed with concrete, wood only being used for the doors and windows.

(To be continued.)

"HOSPITAL LIFE"

By Hospitaller.

During the year 1898 there was published in Chicago, by a gentleman named Cutler, a periodical devoted to hospitals, which bore the name of *Hospital Life*. We were fortunate in securing the twelve monthly numbers of the year 1898, bound together, from the John Crear Library, Chicago, and spent an interesting evening or two in looking through the numbers. Whether it lived longer than one year I do not know.

The magazine is of historical interest, because it represents one of the earliest attempts in hospital journalism in the United States. We believe the pioneer was Mr. Del Sutton, of Detroit, who began publication of the *International Hospital Record* about this time—in fact, slightly earlier.

One of the main features of the publication is the space it gives to the description of Chicago hospitals. In the earlier numbers appears some literature concerning the foundations of the first hospitals in the city, which are of great interest.

It appears that around the 30's smallpox and cholera were prevalent in the young city, and their occurrence aroused the physicians to appeal for a hospital. There was also crying need for a place to put indigent surgical cases, and also for appliances to properly carry on surgical work.

A distressing case brought to public attention often awakens the public conscience to the great need. It seems it was so in Chicago.

Dr. Harmon, in 1833, amputated the foot of a Canadian mail carrier, frozen *en route* between Green Bay and Chicago. The instruments were rusty, he had no antiseptic cotton or chemicals, no assistants to administer ether or hold sponges. The patient's life was saved, in spite of all handicaps, and *Hospital Life* says the doctor passed into history as "the superintendent of the first hospital in Chicago and the author of the first surgical operation."

The building of the Illinois Canal brought cholera in 1838. Many of the workmen were injured and couldn't secure proper

treatment and nursing. A hospital was very badly needed. The almshouse was used for a time—"a forlorn excuse for a hospital."

The first hospital was situated at what is now the southern limits of Lincoln Park; but it was burnt. So charity patients were sent to the poorhouse. Those in better circumstances were boarded in private families. The garrison buildings at Fort Dearborn were temporarily used.

The city had reached a population of 30,000 before this state of affairs began to improve. The improvement came through the opening of Mercy Hospital in 1849-50, incorporated as the "Illinois General Hospital of the Lakes." Here cholera and smallpox were fought with the most primitive weapons, but wielded with the strength of heroes and martyrs.

The two pioneers who had most to do with instilling the hospital idea into the Chicagoans were Drs. Brainerd and N. S. Davis. These men secured twelve beds in the old Lake House; and the occupants of these beds were used by these two men as the first clinical material for the Rush Medical College. Funds failed and the hospital management was transferred into the hands of the Sisters of Mercy. In 1852 a new charter was obtained, and continued under the medical management of Dr. Davis, and the administrative management of Mother Vincent, the latter of whom was living in the year 1898 when the historical sketch of which this is a resume appeared in *Hospital Life*.

This pioneer journal continues with a description of the work done by this pioneer hospital and these pioneer doctors and nurses.

Then follows an article on "The Effect of the Hospital Training Upon the Practitioner," by Edmund Andrews, M.D., which summarizes the value of the experience received by internes of that day—the history-taking, the surgical dressing work, the assistance in the operating room, etc.

The first article on nursing—a short one—is entitled "What Is It to be a Good Nurse?" The answer, in brief, is to love God and her fellow-creatures; to possess strength of body and mind; to possess cheerfulness; to believe that cleanliness is next to God-

liness; to have a refined character; a quickness of apprehension and action; patience and perseverance.

Then follows a rather amateurish poem on "The Blind Surgeon."

A description of the foundation and growth of the Chicago Hospital follows—a hospital established in 1893 by a group of medical men for their own cases. Dr. Binkley was one of the leading spirits. How modern he was is shown by his having installed by the Bramhall, Duparquet Co. a system of water sterilization which "consists of a system of galvanized pipes and tanks with nickel-plated outlet cocks. The water is first filtered into a hundred-gallon boiling tank in the basement, where it is boiled under a steam pressure of 80—100 lbs. The entire system above is then 'blown out,' every tank, pipe and faucet being 'blown through' with live steam under a pressure of 80 lbs. The water is then syphoned to three water tanks suspended from the ceiling on the fourth floor, and thence piped to the operating room, in which are shown only the water gauge, temperature gauge and faucets. Taps are also taken off in each nurse's lobby." This process, the writer states, ensures absolutely sterile water, as it has been subject to a temperature of 300° F."

In this same number of *Hospital Life* appears a description, by Dr. Kellogg, of the Battle Creek Sanitarium.

In the editorial department, Mr. Cutler states that the magazine is to be "devoted to the interests of hospitals, sanitariums and training schools for nurses." The subscription price is $1.00 per year. Special terms to hospitals. Mrs. Norah Gridley is designated as editorial contributor—"a widely-known, versatile and brilliant writer, who for several years has been in warm sympathy with the objects of our publication, and we ask for her the welcome which should be accorded one who represents such a cause."

The new journal will discuss such topics as: hospital administration, old and new; the clinical value of the dispensary; women's part in hospital work; the training school as a charitable agency; the evolution of the sanitarium; the duties and control of internes. The first editorial states that it takes as its text the Carlylean expression, "Take the first thing which lies

nearest thee." So *Hospital Life* will say a good deal about Chicago, "the centre of greatest activity in hospital work west of New York."

The next editorial is on "The Sentimental Side." People may sneer at sentimentality, but not at sentiment; because the high and noble work of the world all springs from sentiment. Many hospitals in Chicago had their direct origin in the feelings aroused by some deep personal experience. To this source must be traced the Illinois Training School for Nurses. Another hospital is a memorial to a dead child, etc.

The next editorial article appeals to internes and nurses to contribute to *Hospital Life*. "House officers and trained nurses are ever in contact with the inner life of the hospital. How many instances pass before them which if recorded would become tales of humor and pathos, tending to arouse public interest in hospital life, and, perhaps, bringing substantial benefits to struggling institutions."

Then follow editorials on "The Professional Side," "Practical Aid to Charities." Following an article on "The Stomachless Women," the January number winds up by offering premiums in hospital instruments and cash for the first 100 subscribers.

To the reader interested in hospital historical literature, or to the bibliophile, the 12 numbers of *Hospital Life*, if obtainable, will prove of interest.

Society Proceedings

THE AMERICAN HOSPITAL ASSOCIATION

The St. Paul meeting of the American Hospital Association was given a fine fillip by the Chicago hospital folk. The visit to the Chicago hospitals, parks and churches, the lunch at "The Presbyterian," and the special train to St. Paul made a fine overture.

Then the weather was fine and cool, in contradistinction to that usually experienced at these convention meetings. It was not only cool, but the northern air was dry and bracing, which gave one another fillip. Then there was the visit to the "laughing water"—the lovely Minnehaha—always a joy to behold.

Coming to the papers, the report on the grading of nurses was quietly laid over, as per the following:—

SPECIAL RECOMMENDATION.

To the Members of the American Hospital Association:—

In presenting this report of its work during the year, the committee on Grading and Classification of Nurses recommends that the Association be given a year or more to study the plans outlined, before final action be taken on the body of the report. It asks the Association to authorize the committee to arrange for a conference with three duly accredited delegates from the National League for Nursing Education, the same number of practising physicians as delegates from the American Medical Association, and three lay-members, representative of hospital trustees, to be nominated by the President of the American Hospital Association, to consider the suggestions herewith submitted.

Signed: Thomas Howell, M.D.
W. O. Mann, M.D.,
Renwick R. Ross, M.D.,
Emma A. Anderson,
Charlotte A. Aikens,
Ida M. Barrett,
R. Bruce Smith, M.D.

Miss Charlotte Aikens, editor of the *Trained Nurse,* chairman of the committee on the Grading of Nurses, presented the above report, and doing so remarked somewhat as follows:—

The chief reason for the existence of the committee on the grading and classification of nurses is the persistent and entirely proper demand made by the medical profession and the public for a grade or kind of nurse differing in various particulars from the standard product which we are now turning out from our training schools. They are asking, and have been for years, for nurses who are willing to serve in the average middle-class homes and are willing to serve all classes of patients, who will adapt themselves to the conditions found in such homes—homes which ask for nurses less expensive than the regular graduate nurses.

Whether this need should be continuously left to be supplied by the correspondence schools, or commercial employment bureaus, or a miscellaneous body of women, untrained, undisciplined and unsupervised, who are seeking to make a living in sick rooms and homes, or whether there should be made an intelligent, systematic and comprehensive effort to meet this need on the part of hospital workers and those primarily interested in the proper care of the sick.

This question first found expression at the Toronto meeting of this Association six years ago.

I need not say to any of you that this is the most involved, difficult and complicated question this Association has ever undertaken to deal with. But however involved, difficult or complicated, it is not a question this Association can afford to neglect. This Association can never afford to say, "We will train nurses for the rich and the poor, but as for the middle-class patient—they must shift for themselves; we have nothing to do with their welfare; what becomes of them in sickness is no concern of ours." As a body of humanitarian people we cannot afford to take that position.

During the year in which the committee has been working, there has always been before it one clear-cut objective point—to develop a system by means of which the skill of the graduate

nurse would be more generally available for all who need her skill, whether rich or poor or of moderate means. To evolve a system whereby the nursing would be done, not by graduate nurses, but under the direction of a graduate nurse who would have back of her a representative board of citizens.

If we neglect this question the employment bureaus and correspondence schools will expend their efforts to commercialize the care of the sick.

After years of study it had become evident to the different committees and individuals working at this task, that at the very beginning—the bottom of the problem was a system of classification of the workers in the field and a grading of the standards in the future—standards which would govern in the care of the sick in all classes of hospitals—standards of what is needed in the way of instruction in order that all who care for the sick would be as efficient as possible to meet all classes of sickness.

People cannot be improved in masses. They must be classified before they can be improved.

There is no justification for placing nurses who have had one year training in hospitals in the same class with those who have had no training at all—most unfair.

The committee recommends the classification of all hospital schools into two groups.

The committee thinks it unwise to place all hospital training schools on a dead level, so that the large teaching hospitals would be in the same class as the small hospital of fifteen to twenty beds.

The committee has followed the plan of the Council of Education of the American Medical Association in grading medical schools, though they do not advocate a grade A at this time. The committee hopes grade A will come in future, because training schools giving superior training should be recognized.

The first year course should be the same in all hospitals.

Grade C workers should develop in the homes rather than be trained by short courses in hospitals, in order to prevent

misunderstandings—so that they will develop under conditions in which they will work.

The report before its slight modification was printed in this journal. Anyone desiring the complete revised copy should write to Dr. Bryce, of Kingston, for it.

Much interest was evinced in the paper of Miss A. A. Williamson, Superintendent of Nurses of the California Hospital, Los Angeles, on the eight-hour law for nurses in that state.

Miss Williamson outlined the labor legislation which led up to the enactment of this law, pointing out that the people who worked to get it put through were not the nurses themselves, but the labor agitators and a newspaper woman.

In 1911 a bill—a forerunner of the nursing bill—was passed. This bill limited the working hours of women employed in any mercantile, mechanical or manufacturing establishment, laundry, hotel or restaurant, or telegraph or telephone establishment, or office, to eight hours a day for six days in the week. This law has not worked out satisfactorily to the employee, Miss Williamson maintains.

In 1912 began the agitation for the bill to include nurses. Public sentiment was worked up in its favor by the newspapers, and the bill jammed through in spite of the protest of the hospitals and nurses.

This eight-hour system allows for a service of eight hours a day for six days in the week, or six and six-seventh hours a day for seven days in the week. As a result three shifts of nurses will not cover the twenty-four hour service. It was with a great deal of awkwardness that the routine was arranged. Two nurses come on corridor duty at 7 a.m., one working from 7 a.m. to 12.30 p.m., and from 5 p.m. to 7 p.m., the other from 7 a.m. to 2.30 p.m. A third nurse comes on at 9 a.m., working until 4.30 p.m., and, should a fourth be required, she will report at 11 a.m. and will work until 7 p.m. These hours include one-half an hour for each meal. On one day in the week one hour must be subtracted from each nurses' time, so that the hours of duty will not total more than forty-eight hours for the

week. It will be seen that five nurses are needed to care for eight patients, instead of three, as formerly, and the patient must have four nurses to look after him in addition to the head nurse and senior. There are no half days or vacations.

This increases the hospital pay roll; running expenses are increased, necessitating, in private institutions, an increase in the rates. The pupil nurse gets less training. Indeed, some hospitals have abolished training schools. As an example of the working of the law, the Children's Hospital, San Francisco, has been obliged to close its contagious department; patients now applying having to be turned away.

Miss Williamson holds that seven hours a day does not give any nurse enough insight into a case to become interested. The grand principles Miss Nightingale tried to instil into the minds of her followers have resolved themselves into the labor principles of putting in time.

During her training, under this new law, it is a misdemeanor, punishable in some institutions by dismissal from the school, for the nurse to stay five minutes longer on duty than the prescribed time. Any deviation from the law will be reported and dealt with by the labor inspectors and the courts. How can a woman, asked the reader of the paper, who for the period of her training has been under this labor law, on her graduation, blossom forth as a self-sacrificing professional nurse? The long hours of the graduate nurse will not appeal to her. It is a far cry from the "Lady with the Lamp" down to the present time, when the law reduces pupil nurses to the level of the poorest paid worker in the field of labor, doing away with all zeal and interest in the work, robbing it of that little romance it had, and which discourages faithfulness and unselfish devotion to one's duty, and which puts no premium on fidelity.

How can persons in moderate circumstances be provided with the adequate medical service they need and desire? This was the perplexing question which bobbed up repeatedly at the round table conference on the general subject of "Out-patient Work," or, as it is otherwise known, hospital dispensary service.

"Only two classes can get adequate medical treatment today, the very rich and the very poor," was the charge of John R. Shillady, of New York, of the Hospitals Committee of the State Charities Aid Association, and his assertion was not refuted.

"We must organize our service all the way through so that the great middle class, unable to pay specialists' fees, and which is refused help at dispensaries because able to pay some family doctor's charges, gets the attention it should have," he continued.

The private medical practitioner is passing, because he is not meeting social needs, and the future will see a great co-operative organization of the profession, Dr. Shillady predicted.

O. H. Bartine, Superintendent of the Hospital for Ruptured and Crippled, New York, charged the doctors and not the public with most of the so-called "dispensary abuses."

Dr. W. L. Babcock, Superintendent of Grace Hospital, Detroit, Mich., said that middle-class people go to dispensaries because they are given a thorough examination and careful attention, instead of being treated in an inconsequential way, as by many of the high-priced practitioners when they call at fashionable offices.

The round table conference of the section on smaller hospitals also discussed questions of expense, management, housekeeping and similar details.

The real and legitimate complaints of the public against hospitals as a whole, according to Miss Minnie Goodnow, of Boston, were that they deal with cases rather than patients, that they make no provision for the middle class, and that nurses are inefficiently prepared for their work. Her paper on "Efficiency in the Care of the Patient," was read by Miss Nettie Jordan, of Aurora, Ill.

"All over the country we hear protests against nurses who are doing private work unsatisfactorily," Miss Goodnow wrote. "In many cases they have been as well prepared as a boy is trained for business life in being taught to read and write. We need to abolish non-essentials, to find teachers who can teach, and to replace tradition with common sense."

Miss Louise M. Powell, Superintendent of Nurses in the University of Minnesota Hospital, gave her approval to Miss Goodnow's criticisms and scored the nurses of to-day who think more of the appearance of their wards than of the comfort of patients.

Almshouses and asylums for the insane were the best places for beginning a trained nurse's instruction, in the opinion of Miss Roberta M. West, Supervising Nurse of the Philadelphia Hospital for Contagious Diseases. Because of their closed and permanent staff, constant drill and unbroken routine, such institutions are better for novices than the hustling, hurry-up general and surgical hospitals, she said in a paper on "Where Shall Nurses be Trained?"

The hospitals for insane ought to be distributing centres for training school material, feeding the smaller hospitals, but the bringing about of such a progressive, institutional system is possible only through a uniform curriculum and standardized discipline and conduct, Miss West declared.

Selected Articles

HOSPITAL ABUSES

THOSE semi-charitable institutions that are exempted from taxation, on the theory that they are caring for the sick poor, too often betray the taxpayers. Partial betrayal is indubitable. The private sides of these hospitals are too often developed at the expense of the free quarters. It is all but impossible to get a poor patient into some of these plants. It is not only the urgent case that demands their care. If it is such bad business to take care of all classes of the sick poor that these hospitals cannot admit them, then the city should establish more of its own hospitals and proportionately withdraw its support from the private institutions. The *New York Sun* further proposes on the part of the city the establishment of its own semi-charitable hospitals, in which those not destitute could obtain proper treatment by a small charge in accordance with their incomes, with the proviso that such cases permit themselves to be utilized for instruction. Such patients would thus be offered an opportunity to maintain their self-respect without destruction of all their resources by paying a certain percentage of their incomes for treatment and nursing. The *Sun* quotes, with apparent approval, the plan of the Syndicat Médical de Paris in respect to patients able to pay, but pretending poverty. A written statement of his financial inability is exacted from each patient who claims to be unable to pay, when, if investigation disclose misrepresentation, prosecution and punishment follow in the courts.

We think the plan recently devised by the Commissioners of Accounts of New York, adopted by the Board of Estimate, endorsed by the Mayor, and put in operation by the Commissioner of Charities, an excellent one. Every patient unable to pay, or able to pay only part of the cost of hospital maintenance, is reported to the Department of Public Charities within

twenty-four hours after admission, whereupon examiners of the Department are sent to the homes and employers of such patients, and a careful inquiry instituted as to the actual economic status of the reported cases. All sources of income are inquired into. Agreements to pay part are secured from some responsible member of the family, if possible, and these payments are made at the office of the Department. The city pays the hospital in full for the patients unable to pay, and for those from whom the hospital has failed to collect, but who have paid the Department something less than the full board. Whatever the hospital collects itself is deducted by it from its monthly bills rendered to the Department. There are per capita per diem rates for different classes of patients. It would seem to us that at last a scientific scheme has been elaborated, calculated to reduce this phase of charity abuse to a minimum, and the profession has to thank the Commissioners of Accounts for this useful service to the taxpayers and to itself.—*The Medical Times.*

Book Reviews

"The Hospital Matron"

The first issue of *The Hospital Matron* reached us a few weeks ago. It will appear once a month in place of one of the semi-monthly issues of *The International Hospital Record.* It contains a lot of good material of immediate interest to the department of the hospital coming under the supervision of the Matron, including General Housekeeping, Kitchen, Laundry, etc. We bespeak for *The Hospital Matron* the co-operation of American Hospital management.

NEW HOSPITAL APPLIANCES, PHARMACEUTICAL PREPARATIONS, ETC.*

The Delaval Process

Nothing is so important in a hospital as the food supply. In these days how careful the hospital purchasing agent must be as to the milk supply and its inspection. A great deal of the responsibility will be taken off that official's shoulders if he have installed in his institution a DeLaval equipment, whereby all the milk supplied is put through the DeLaval Process of clarification, thereby rendering it a great deal more wholesome, and cleansed, not only of all foreign matter, but of all inflammatory discharges with which so much milk is infected.

Gurney Physicians' Scales

The attention of the readers of The Hospital World is called to the advt. on page xlviii of this issue, of The Gurney Scale Co., Hamilton, Ont. This firm manufacture a Physician's Scale second to none, which is especially designed for use in hospitals, physicians' offices, and private bathrooms.

Garlock Mineral Wool Pipe Coverings

At this season of the year, Hospital Superintendents who want to economize in their fuel should investigate the advantages to be attained by using Garlock Mineral Wool Pipe Coverings. Their use prevents losses from radiation and condensation, and in so doing saves coal and reduces the hospital expenses during the winter months. As coal consumption in a hospital means a very large outlay, the above is worthy of careful consideration. Garlock goods are obtainable from The Garlock Packing Co., Hamilton, Ont.

*Publishers' Department.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

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Editorials

TO MEET THE NEED

THE Detroit Home Nursing Association was organized six months ago under the auspices of the Bureau for Organizing Home Care for the Sick, the general office of which is in Boston. The Detroit Association

is one of several centres that have been established, notably one in Buffalo whose motto "Organized Neighborliness" expresses in epigram the concept of the bureau, "Organized to furnish at cost whatever nursing or domestic services may be needed in homes where sickness or other allied emergencies exist."

With the growing tendency to fix hard and fast fees for all graduate nurses' services, and the adoption of rigorous rules of nursing exclusion, it has become evident that a very large class of self-supporting citizens, because of inability to meet the graduate nurses' requirements, are deprived of nursing service.

After much thoughtful consideration, and by the generosity of one man, the establishment of these various nursing centres has been made possible. Once established they speedily become self-supporting.

The Detroit association is neither for the very rich home nor the very poor one. These are both supplied, the one by the $25.00 per week graduate nurse, who confines her work in the home entirely to attendance upon the patient; the other by the district nurse who makes her brief daily call, and enlists in neighborly service for the remainder of the home needs. The Detroit Association is a nursing centre responsive to the call of citizens who can pay from $9 to $16 per week—a sliding scale fixed according to their ability to pay.

Each call is answered first by the superintendent or one of her supervisors, all of whom are graduate nurses. The supervisor remains as long as the attend-

ing physician thinks the case requires expert nursing. Later, a "household" or experienced nurse takes charge under the close supervision of the graduate nurse. A number of these household nurses reside with the superintendent at the Centre headquarters, where they are under training by the graduate nurses. Others live outside, but subject to call. They are expected, in addition to nursing, to be willing and able to perform certain simple household service for the home which they enter. The superintendent also endeavors to keep a list of suitable attendants—women who are willing to go into the sick home for daily household service at so much per hour or half day.

The Detroit Association was formed at the first of the present year. It started in two rooms with the superintendent and one household nurse. The demand for nursing service came immediately, and in a short time it became necessary to secure larger quarters. A suitable residence of twenty rooms was rented at $100 per month. The staff now consists of the superintendent, and one supervisor—both graduate nurses, and thirteen household nurses—five in residence and eight outside, but on call. These nurses have been carefully selected out of many applicants. There is also a large selected waiting list, who will doubtless be called upon as the work grows. Thus far the Centre has looked after about 200 patients in some 180 families. It is preparing for extensive demands upon its service during the coming winter.

Special attention is given to maternity cases, as these are recognized as a special problem in the average citizen's home. The supervisor makes pre-natal visits, attends during the confinement, and later provides a household nurse who, in addition to caring for the convalescent mother, will, if needed, render certain household service such as taking oversight care of older children or preparing a meal.

The association collects the charges and pays its nurses regularly, retaining a percentage of collection to meet overhead costs. The graduate nurses on the staff receive the usual fee. The association is governed by a Board composed of well-known Detroit citizens. Its progress will be watched with much interest by the many who feel that the establishment of the Centre is an effort to meet a very large need.

AN OUTGROWN SYSTEM

Dr. Hume's paper on the voluntary hospital system, presented at the meeting of the British Hospitals' Association in June last, together with the spirited discussion it evoked, conveyed at least one impression, that the purely voluntary method of hospital support is no longer satisfactory, that it is on the decline, and that it is becoming recognized that a measure of state aid is not only advisable, but necessary.

Dr. Hume made an excellent survey of the hospital field under the voluntary system past and present. In his review of the history of the Newcastle Royal Infirmary, of which he is vice-president, he showed

how the voluntary method has always been subject to waves of ebb and flow. Periods of public interest and large donations consequent upon the enthusiasm attaching to some public movement have been followed by corresponding periods of public indifference. Voluntary giving, he thinks, is too largely dependent upon emotion, shifting circumstances, and other influences, to have been, or to be a reliable support for hospitals.

While admitting the magnitude of the work that has been done for years in English cities under the voluntary system, Dr. Hume thinks that advocates of the continuance of the system lose, in retrospect, the labor it has cost; the often unfruitful effort and the great inadequacy to the total needs. They fail to see that changing economic conditions and developments in social life are re-adjusting values.

"It is of more than passing interest," he writes, "to note how closely the progress of education and of the hospital movement down to a certain point followed similar lines. Begun, for the most part, by individual effort, and maintained largely from religious and philanthropic motive, both were left to their own development. Then it was realized that education was too important and too grave an interest to be left to unorganized effort; and the Education Acts followed, as the expression of a conviction that organized methods and reliable support were indispensable. One of the leading features of our time is an awakened care for health, not so much as an individual concern, but as a social duty. Repeating what occurred with re-

gard to education, and has also already occurred in several departments of public health, there is a growing conviction that our hospital system is in need of the same conditions of successful working—namely, organized methods and reliable support."

A careful reading of the discussion following the paper warrants the conclusion that some of the speakers were inclined to confuse the point at issue, and to assume that in disparaging the purely voluntary system the speaker necessarily advocated full state support and control. Dr. Hume does not advocate the purely state hospital, but believes that the hospitals should have a subvention from public funds from the state or municipality, which, while largely limiting, would not necessarily destroy their voluntary character. Believing that the current is set in this direction, he outlines a possible personnel of local government which is practically similar to that evolved for the management of some of the large hospitals in this country.

Sir Henry Burdett, one of the strongest supporters of the voluntary hospital system, while vehemently declaring against state control or state aid, yet deplores the fact that the Chancellor of the Exchequer has not seen fit to provide money to meet the heavy additional expense entailed upon the English hospitals by the Insurance Act. It is difficult to reconcile these two attitudes.

"Not state aid," protests Sir Henry, "but cordial co-operation and conference between municipal, local and voluntary hospital authorities, is the way out,"

and in this assertion this great hospital authority practically endorses Dr. Hume's contention. For whether the aid be from the state direct or the municipality, the principle is the same. It is money given from a public fund for the support or assistance of a public utility and benefaction.

It must be conceded by all readers of Dr. Hume's admirable paper and the debate following, that the speaker justified his position and was strengthened in the same by those who presumably differed from him.

Original Contributions

THE HOSPITAL FOR SICK CHILDREN, 67 COLLEGE STREET, TORONTO

(Concluded from October Issue.)

The New Laundry.

The laundry is situated on the upper floor of the new power-house. The main room is 80 feet long by 30 feet wide, and in connection with it is the sorting room. It is fully equipped with all the most modern machinery, including washing machines, ironing boards, body and collar ironers, rotary extractors, mangles and drying cabinets. The machinery throughout is run on panel board control, the power for which is derived from the new power plant, and the building is fire-proof.

About 27,000 to 28,000 pieces per week are washed in the laundry. Last week's record shows the following:—For patients, 24,000 pieces; staff and nurses, 2,307; domestic employees, 300; and Hospital linen, 1,100.

The Pasteurization Department.

Five years have passed since the first pasteurizing plant was installed in connection with the Hospital, and the department has been twice removed to different buildings.

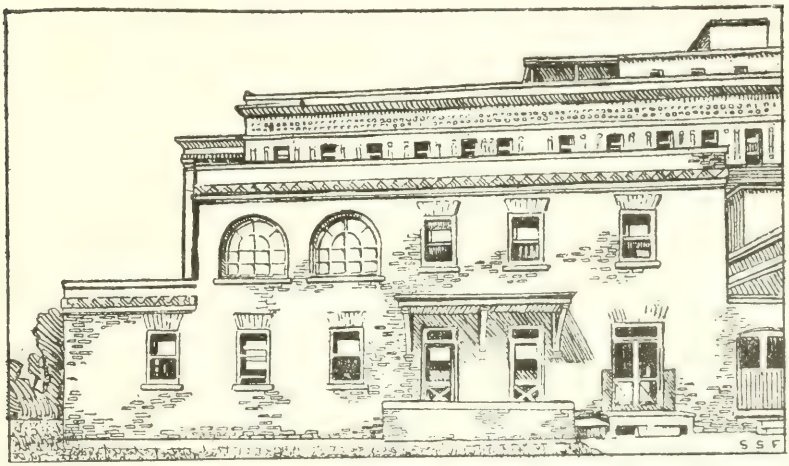
In 1909, No. 253 Elizabeth Street, an unpretentious, two-story house, was renovated and equipped with a pasteurizing plant. The work progressed very satisfactorily until 1912, when the land on Elizabeth Street was required for the new wing of the Hospital, and the removal was made to 54 Laplante Avenue, in the rear of the mother Hospital. Here the work was carried on under difficulties, awaiting the completion of the present building, which was erected with the advice of well-known architects and scientists, and was fully equipped and ready for occupation on the 1st of January, 1914.

The building has a frontage of 67 feet and a depth of 32 feet. It is built of red brick and is two storys in height. The exterior

presents a substantial and unique appearance, and the building is commodious and ample for all its requirements.

To meet the growing demand for certified and pasteurized milk, an elaborate and modern equipment has been installed, including bottle-washing machine, bottle fillers, separators, pasteurizers, steam kettles, refrigerators, etc., and serviceable quarters have been assigned for the distribution to the public, who have access from Laplante Avenue.

The pasteurizing plant is one of the most complete on the continent. It is the same in equipment as that established by



Pasteurization Plant on the Hospital grounds, where 150 gallons of milk per day are pasteurized and 500 modified mixtures for infants prepared.

Mr. Nathan Strauss, of New York. Mr. Robertson and a group of Toronto medical representatives from the Academy of Medicine, Toronto, with Dr. Hodgetts, the then Chief Health Officer of the Province of Ontario, and Dr. J. A. Amyot, Director of the Provincial Laboratory, and Dr. C. J. Hastings, the Health Officer of Toronto, spent a week in New York examining milk conditions, pasteurizing and distribution. The result was so satisfactory that Mr. Robertson installed a small pasteurizing plant, and last year erected a special building with all new, modern pasteurizing plant, at a cost of $20,000, and presented it to the

Trustees of the Hospital. 150 gallons of milk are pasteurized daily, 1,700 bottles of milk distributed, and 755 bottles of baby feedings prepared for outside babies daily, a daily average of 100 babies. Outside doctors' special prescriptions and formulas average 25 daily.

The Dental Department.

The Dental Clinic organized in 1912 is doing excellent work. Figures for 1913 show:—150 examinations, 210 fillings and 110 treatments. With the increased accommodation in the new operating room, greater opportunities will be given to the dentist and his staff to carry on this interesting feature of the Hospital's work.

The Pathological Laboratory.

It is hardly possible to estimate the value of the striking opportunities which present themselves along lines of chemical, bacteriological and microscopical research in a well-equipped laboratory. In the recent alterations to the building, the old out-patient wing was remodelled for this department, and every facility will be afforded for this constantly increasing research work. During 1913 there were 1,900 blood examinations, 3,000 bacteriologic diagnosis, 2,800 urinalyses, 925 milk examinations, 150 lumbar punctures, 81 autopsies, and 100 surgical specimens examined and reported.

The Training School for Nurses.

The Training School for Nurses at the Hospital for Sick Children was established in 1886. Up to 1896, however, the work was very limited, for up to that date less than 12 nurses were employed. The School really entered the field as a great training school in 1896.

Since 1886, two hundred and ninety-one nurses have graduated, and are scattered in various parts of the world, many of them holding high positions in the nursing profession.

The School has at present the following organization:—Superintendent, Assistant Superintendent; Teacher of Preliminary Course, Night Supervisor, Supervisor of Operating Room, Supervisor of Out-Patient Department, Supervisor of Residence, Instructor in Massage, Instructor in Dietetics, Instructor in Phar-

macy, Pupils 73, Senior Nurses 20, Intermediate Nurses 15, Junior Nurses 22, Probationers 16.

It was with deep regret last year that the Trustees received the resignation of Miss Brent, who for 16 years had held the office of Superintendent. In these days of many changes, it is most unusual to have an official continue so successfully for such a length of time, and it is impossible to estimate the influence she contributed to the success of the Hospital and Training School. Miss Brent is now Mrs. W. U. Goodson, and Miss Florence J. Potts, who for many years had been Mrs. Goodson's assistant, was appointed to succeed her.

The Training School is being conducted in a manner that calls for most favorable references—and the high standard of efficiency and training hitherto achieved is being maintained under the excellent direction of Miss Potts.

Some of the special and recent features in connection with the Training School which we would like to briefly refer to are:—

Dietetics.—During the past year special care and attention have been given to the question of well-prepared and properly-served food. We have on our staff a resident, trained dietitian. Besides giving the six weeks' course to the probationary class, she superintends the culinary department, and all diets, general and special.

Supervisor of Nurses.—A new position was created last year —that of Supervisor of the Nurses' Residence or House Mother. Her duties—the supervision of the pupil nurse in the Residence, from the time she enters the school as a probationer until she is graduated. She oversees all the linen, the making of nurses' uniforms, and the School has thus more direct oversight of all the nurses in training than was possible under the old system. Especially has it proved valuable in regard to our sick nurses. The supervision of the libraries is under the House Mother.

Nursery Maids.—The reason for the establishment of this branch of work in connection with the Training School was due to the many applications received from citizens for trained nursery maids. The school is now open for applicants, and the length of the course is six months.

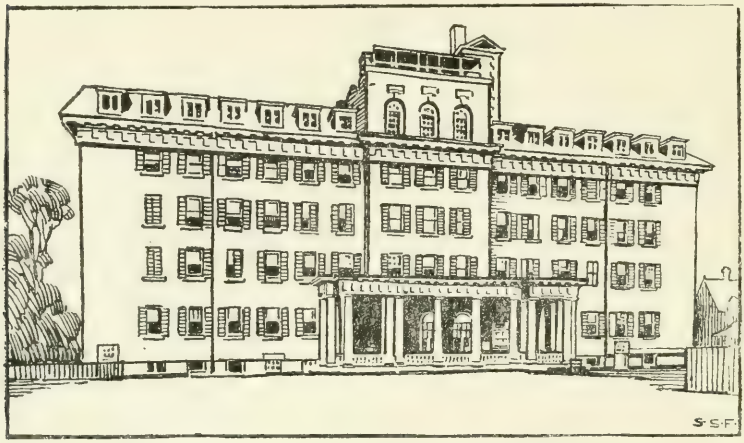
The Visiting Nurse.—There is perhaps no branch of the profession which so universally commends itself to public favor as that of district nursing.

The care of the sick poor in their own homes appeals on the broad ground of common humanity.

The visiting nurse follows up cases discharged from the Hospital and also the patients who come to the Out-Patient Department.

She attends the clinics every morning, and the doctors give her lists of the children who need her attention.

Last year 7,800 visits were made, or an average of 150 per week; number of patients visited being 900.



The Residence for Nurses, on the Hospital grounds, contains 100 separate rooms for the Nurses who work in the Hospital.

The Maria Louisa Robertson Residence for Nurses.—The nurses of the Hospital for Sick Children have had a great and kind friend in Mr. J. Ross Robertson, the Chairman of the Board.

At the ceremonial of the opening on the afternoon of February 5th, 1907, when the munificent gift of the Residence for Nurses, which was erected, furnished and equipped by Mr. Robertson, was presented to the Hospital for Sick Children, Mr. Robertson said:—"The authorities of the Hospital had for years yearned for a residence for the nurses, for since 1892 these good women have been lodged in the upper rooms of the Hospital, and in tenement houses that are adjacent on the Hospital property.

"To build was impossible. The Hospital had no funds for such a purpose. The people of this city and province, who every

year answer our calls for help on maintenance account, could not fairly be asked to erect a building as a residence for nurses.

"So, turning the matter over in my mind, I decided that the best way out of the difficulty was to offer this building as a free gift, and as a memorial of her who was with me in the beginning of my Hospital work, nearly thirty years ago.

"Let me say that if ever there was a long-felt want it has been a residence of this kind. The nurses in their long days and longer nights of duty, in their hours of study and attendance at bedrooms, follow the simple life—the simple life of hard work and duty that leads along the path of help and mercy.

"The demands upon these young women in their work are inflexible, and, like the laws of the Medes and Persians, are not to be changed.

"We can do nothing to shorten the daily round or lighten the task of these young women, but this building represents an effort to do something to increase their comforts.

"I know that the Hospital will get its reward for what has been done under this roof, to surround the students of our School of Nursing with healthful and sanitary conditions of life, that will build up strength and send them away from the Hospital in health as good, or even better, than the health which was one of their qualifications when they entered our service."

The Residence for Nurses is situated at the south side of the Hospital proper, about 300 feet south of the main building and connected to it by a covered runway on the east side of the new wing. The building extends across the ground between Laplante Avenue on the east and Elizabeth Street on the west.

It is built of red brick, in the colonial style of architecture, and is 5 storys in height, exclusive of the basement. The exterior presents a handsome appearance with its main entrance at the west end of a broad portico. Also three large French casement windows open out to the portico from the reception room.

The Basement, which runs from east to west the entire length of the building, has some specially interesting features. The trunk rooms are quite unique, the trunks are placed on shelves, each trunk having on its front the name of the owner in large printed letters; cold storage plant, sections of the refrigerators being fitted with ice chutes from the outside on Laplante

Avenue; the demonstration room, where probationers are instructed in their duties before they enter the wards—two beds and every article required in a ward are in this room; the swimming pool or plunge bath—the pool is 30 ft. x 13 ft., with a 16 ft. ceiling, and when ready for use holds 14,500 gallons of water. The nurses are taught to swim by an expert gymnastic instructress; the sewing room—which all the nurses may use—has two sewing machines run by electricity.

The Ground Floor.—On this floor, from the eastern entrance, are the kitchen, pantries, serving pantries, the Superintendent's dining-room, where the Superintendent and her staff have all their meals. The nurses' dining-room, having table accommodation for 60 nurses, a charming room. Passing to the west end of the building, you enter the large reception or assembly hall. This room is 25 ft. x 41 ft., with a ceiling 15 feet high, a spacious and most artistic room. Leaving the hall, we are in the main or west corridor, and there are four palatial rooms on the south side, the parlor, music room and writing room; and also a library of general literature. This is a circulating library for the staff and nurses, and contains over 800 volumes. Mr. J. Ross Robertson, the Chairman of the Hospital Board, presented the library to the Training School in 1907, and many off-duty hours have been spent in the pleasant recreation of reading.

On the west and north sides of this floor there are: lecture room, waiting room and electric elevator.

The collection of books contained in the library includes all the volumes of "Everyman's" well-known library published up to the present date—and there are books for every reader—biography, essays, fiction, history, poetry, travel, etc.

A valuable catalogue has just been issued, and its arrangement will render it most serviceable to those using this circulating library. It is arranged in four forms—first, according to catalogue number, as in the book shelves; second, alphabetically, according to the title of the book; third, according to the author; and fourth, according to the subject.

The First Floor.—There are 21 bedrooms on this floor, each room has a clothes' closet; there are two large bathrooms, one at the east and one at the west end. There is also a nurses' parlor on the south side, a room 25 x 17 feet. On this floor is the Su-

perintendent's suite—a parlor, bedroom, bathroom and clothes closet.

The Second Floor.—This floor has 22 bedrooms, bathrooms and parlor, similar to the first floor. There is also on this floor the nurses' Medical Library, containing over 500 volumes—almost every book in the English language on the subject of nursing. The bedrooms and sitting-rooms of the Assistant Superintendent, Supervisor of Probationers, and Supervisor of Nurses are also on this floor.

The Third Floor.—This floor is similar to the first and second and has 24 bedrooms, also bathrooms and parlor.

The Lakeside Home for Little Children, at Lighthouse Point, Toronto Island, where 350 convalescent children spend the summer months.

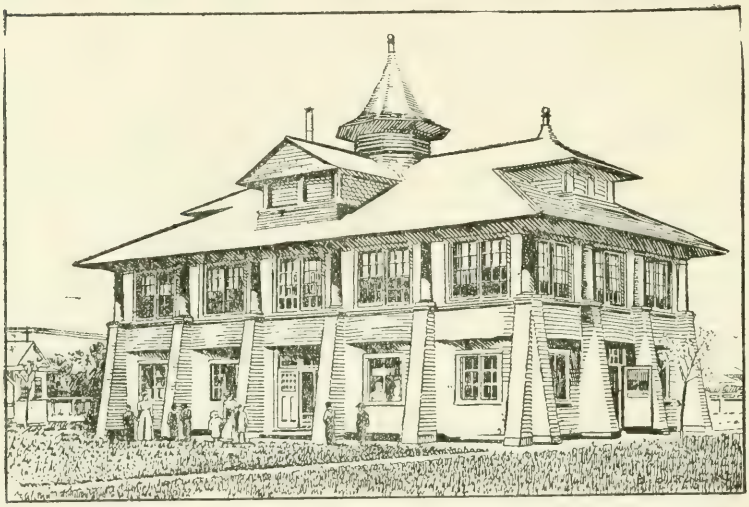
The Fourth Floor.—This floor has 21 bedrooms, and also the gymnasium is on this flat, a room 25 x 41 feet and 14 feet high, having complete equipment for every requisite for the work of gymnasium instruction for nurses.

The Roof Garden.—A narrow staircase runs from the gymnasium to this space, which is covered with awnings, and where the nurses may sit when off duty and rest in the easy chairs and hammock swings.

THE LAKESIDE HOME FOR LITTLE CHILDREN.

This institution, the first of its kind in the Dominion of Canada, was erected and presented to the Trustees by Mr. J. Ross Robertson in 1882, thirty two years ago.

For many of the little invalids, the doctors recommended plenty of fresh air as their best tonic. The crowded quarter in which the City Hospital then stood, made removal to the Island the only plan of giving that aid to health and life that the sunshine and fresh free air of the summer afford, and the 5th of



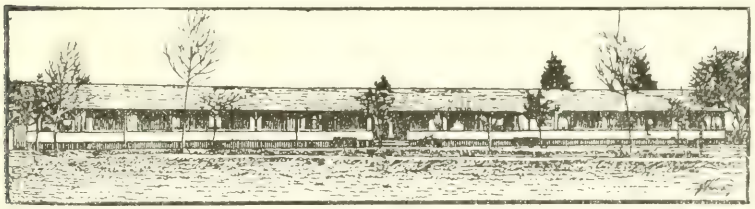
The Isolation Building on the Lakeside grounds, Toronto Island, which holds 40 beds.

July, 1883, was the happy day for the *first* flitting to the *first* building erected for the Convalescent Home.

The wonderful improvement to health that these outings to the Lakeside, during the hot summer months of 1883 and 1884, proved to so many poor children, made the extension of the building necessary, and in 1885 a new north wing was added, and on the 15th of July of that year the entire building was occupied.

The years of successful work went on, and while the enlargement in 1886 had made a splendid building, it was far below the standard that the donor had set for a complete children's sani-

tarium, and in 1891 the announcement was made to the management that the founder would re-model the entire edifice, add another story, add new wings, make the new building not only 6 times the size of the old one, but so construct it that it would puzzle a close observer to find out what part of the old erection



The Surgical Pavilion at the Lakeside Home, Toronto Island, where fifty children per day are treated during the summer months.

was left and where the new structure commenced. So to all intents and purposes the Lakeside Home of the past had disappeared, and a picturesque, commodious and attractive building, in not only its external but internal appearance, had taken its place, and to-day the Lakeside Home of 1891, with its additions of tubercular and surgical pavilions, stands as one of the finest sanitariums for children in the world.

The Heather Club Pavilion on the Lakeside Home grounds, Toronto Island, where fifty children from May to October are treated daily.

Since 1882, when the Lakeside Home was built, 6,031 little patients have been received in its hospitable wards.

The Boys' Surgical Pavilion, erected on the grounds in 1912, has 50 beds, and the patients live and sleep in the pavilion from June to October.

The Preventorium or Tubercular Pavilion is also on the grounds of the Lakeside Home. It has 50 beds, and last summer 120 patients were nursed and cared for. Since the opening of the pavilion in 1910, 298 patients have been admitted.

The Journey to and From the Lakeside Home.—Since 1882, the City of Toronto has witnessed, early in the summer, and early in the fall, a unique procession through the city streets—the moving of the sick and convalescent patients to and from the Island Home.

Through the kindness of the Toronto Ferry Company, their steamers land the patients at the Lakeside dock at Lighthouse Point, after a lovely trip across the bay, along the scenic route past Hanlan's Point.

Navigation through the lagoons formerly presented difficulties to the ferry company, but for the past few years this picturesque route has become a popular highway to the Lakeside Home for Little Children, for parents, citizens and special visitors from all over the world.

The beautiful location of the Lakeside, its nine acres of lawn, its broad verandahs, balconies and shelters, its pavilions, all tend to make it an ideal convalescent home and an alluring summer play-ground.

As the children are convalescing, how they enjoy the fresh breezes and the pure ozone that sweeps up the lake, down the lake and across Lake Ontario.

The Home is so situated that it catches every breeze that blows, north, east, south, west—and all the wind that blows from any point finds the little ones on the verandahs and on the sands at the Lakeside. If you visit the Home when the lawns are green, when the flowers are blooming, and the children resting or playing and enjoying their newly given health, you can then see what summer skies and fresh air do for the ailing youngsters.

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1914.

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Evolution of a Great Charity.

It is always a matter of interest to study the evolution of a great work, to trace in gradual development the idea which dominated the minds of its founders, and which has been wrought out, despite obstacles and discouragements, to a high standard of efficiency. The changes and improvements and almost perfect equipment mean a great deal to those who saw the first visible outcome of the idea.

We have endeavored as briefly as possible to tell the story of the Hospital, from its small beginning, to give a few impressions of the very first things—its experiments; to show its rapid progress, its growing necessities, and its present day standing as an ideal Children's Hospital, not only in comparison with hospitals on this continent, but of the world.

In the special work of a Children's Hospital, we have the hopefulness that the child has the prospect of many future years of happiness and contentment before it; and there is no doubt there are thousands of lives of happiness and usefulness being lived to-day which are in a large measure due to the restoration to health brought about in this hospital.

THE HOSPITAL PHARMACY

By Thomas Comport, Esq., Western Hospital, Toronto.

First, a few words about the Hospital Pharmacist himself, or, it may be, herself; for though it is said that some of the police-women of Chicago are asking for escort to their homes after dark, at the end of their daily duties, in justice to the hospital pharmacist of the weaker sex it can be said that in several cases she seems to fill the position satisfactorily, though when it comes to lifting a five-gallon demijohn she will probably always have to give place to the stronger and more brutal sex. An ideal hospital pharmacist should have a wide and thorough knowledge of his profession, as he dwells in the midst of alarms and sudden demands for anything and everything which comes under the head of materia medica. He should be able to command, in the interests of economy and convenience, by the aid of a good memory and an active interest in his work, all the practical knowledge which goes to make up the complete pharmacist; he should be active, willing, prompt, cheerful, humanitarian, tactful, honest. This is a position of trust, as he is the custodian of the stock; his care or the lack of it will in the course of months make considerable difference to the amount of the drug bills. He should cultivate a frame of mind in which he finds service and self-immolation the chief joys of a strenuous life. In fact, all the finest virtues should be found in the hospital pharmacist. It has been said, "When feeling blue, do something for somebody quick." The hospital pharmacist need never feel blue. If the superintendent can find one, a retired druggist, who loves his business and is still active and energetic, should make a good hospital pharmacist, able alone to cope with the requirements of a hospital of 150 to 200 beds, with a little occasional assistance in distributing ward supplies, bottle washing, etc., etc.

The Ontario law making it imperative for hospitals to employ a graduate of the Ontario College of Pharmacy, where a dispensing department is maintained, must certainly be in the best interests of all concerned. In the case of small hospitals

a satisfactory arrangement could easily be made with the nearest druggist to put up prescriptions.

Dispensers are not diagnosticians, and diagnosticians are seldom good dispensers; it takes patient, persistent performance to turn out, say, a good suppository. There is no foundation for the current impression that the title M.D. just naturally includes the acquirements it takes a graduate of the Ontario College of Pharmacy four years to claim as his own. There has been a case of a doctor who after practising in a small town for a number of years assisting in a hospital dispensary for the purpose of increasing his knowledge in the sphere of practical dispensing and materia medica; also another case of a young, bright doctor relieving the regular dispenser for a month in a large hospital while the latter sought the rest and recreation he no doubt stood in need of. House doctors have not the time, and possibly in a good many cases the inclination, to spend as much time on materia medica and dispensing which might be expected. A dispenser took down a bottle of powdered asafetida and asked a fourth-year man to name it, which, after smelling it, he was unable to do.

The hospital pharmacist's usefulness can be extended, and has been at times, where there is a training school for nurses, by lectures on the subjects he should be well posted in, and which, like mercy, should be a blessing to him that gives and to her who receives, in that it causes the pharmacist to find out how little he knows, and enables the nurses to gather up some crumbs of information which may be of use to them. The writer gave ten lectures last winter: Weights and Measures, Solubility, Cardiac Tonics, Opium, Ether, Alcohol, Thermometers, Sulphuric, Muriatic and Nitric Acids, Carbolic Acid, Prescriptions. Generally began with a little of the history of the subject, how produced, the official preparations, with doses, action, and, where the article is poisonous, the antidotes. It is impossible to so condense materia medica as to give it to the nurses in tabloid form and give only and exactly what they can use. The hope of a lecturer to nurses must be that interest may be excited and that some will be led to study it for themselves. What interest can a nurse take in materia medica who in copying a prescription of a doctor from the ward book writes

Tr. *Vegetables,* leaving it to the acumen and logical deduction of the dispenser to interpret it as Tr. Digitalis? The doctor was, of course, troubled with complicated chirography, incurably.

THE OUTDOOR DEPARTMENT.

This useful, considerate, fraternal, kind and charitable institution is sometimes used by those able to pay a doctor in the regular way, but it serves a great need and supplies the medical and surgical wants of that large class which on the best authority we shall always have with us.

Oh, for a hospital Carnegie! It seems difficult to settle on a regular, fair, just, manner of treating the patrons of this department. Those able sometimes to pay the cost of medicine have left their purse on the piano, and on one occasion a poor old woman said, "If I give you this ten cents I shall have a long walk home." Shall the outdoor department admit and treat everybody applying without money and without price? Shall ten cents be charged for a card admitting the patient to consultation with a doctor? Shall the patient's word always be taken that he cannot pay, notwithstanding a good suit of clothes or a fine set of furs? It may be inferred that if medicine is paid for it will do the patient more good than if he gets it for nothing. How can the wants of those poor sick, not able to come to the outdoor, best be met?

ALCOHOL.

This high-priced, important, useful indispensable article deserves some mention here in relation to economy. At a meeting of the Medical Association in North Carolina, however, it was agreed that alcohol as a drug could be eliminated from the doctor's armamentarium without in any way impairing its efficiency, but how about its use for rubbing purposes, preserving, antiseptic, dissolving purposes? Forty or fifty gallons of 90 per cent. ethyl alcohol is used at some hospitals monthly. The excise duty in Canada is something like $3.13 per gallon, which the hospitals now have to pay. The Federal Government was willing, and no doubt would be now, to make arrangements to extend to hospitals the privilege already enjoyed by universities of tax-free alcohol. Why do not the superintendents of several of the large hospitals in Canada get

together and induce a prominent member of Parliament to take an active interest in the matter and work out a plan which would safeguard the revenue and reduce the cost to a very large extent to hospitals of this item? That this would only be a reasonable concession is evidenced by the fact that in the United States universities, colleges and hospitals have the advantage of tax-free alcohol. It might be said, Why not use methylated spirits? It is largely used, and in Canada is about one-fifth the price of pure ethyl alcohol, but it will not entirely take its place and cannot be used for a large number of purposes for which the latter is adapted. Methylated spirits, wood alcohol and Columbian spirits affect the sight when taken internally, and in large enough doses will cause death, as may be frequently noticed by accounts of cases in the press, but they serve well for rubbing purposes and are used for economical reasons.

ECONOMY AGAIN.

As in the commercial wholesale world the largest quantity commands the lowest price, what is to prevent several superintendents of hospitals agreeing on the respective amounts of largely used things and getting a quotation for a year's supply to be delivered at the order of the respective hospitals in quantities as desired?

HIGH-PRICED PROPRIETARY REMEDIES.

A dispenser said to a superintendent of a large hospital, "Doctor, I think I can make up for ten cents an ounce a remedy for which the wholesale price is $1.50 an ounce, on account of the Food and Drugs Act, over half the weight of the proprietary remedy is made up of drugs the names of which have to appear on the label; one constituent is ammonia by the odor, and certain considerations point to the strong probability of the presence of others." The difficulty here is the word substitution, which the owners and proprietors of such remedies write in large letters, and the desire—the natural desire—on the part of doctors to have prescriptions filled exactly as ordered. The policy in some hospitals is for the dispenser to order anything prescribed in the nature of patent medicine as required, charging it to the patient, but not to load up with a stock of any one, which is a satisfactory way as far

as pay patients go, but how about the city-order patient, who likes the idea of getting well but who cannot afford to indulge in half a dozen packages of Rheumatism Phylacogen at $3.00 or $4.00 a package. This is where a hospital Carnegie would come in.

ON REPEATING PRESCRIPTIONS.

This is a delicate subject as between doctors and patients and between customers and druggists. If the prescription is the property of the patient for whom it is written, and it is generally conceded that it is, it would seem to be the undoubted right of the owner to get it repeated as often as desired without again consulting the doctor, though this procedure might not be for the best good of the patient, as it might contain habit-forming drugs or not be suitable for him in a changed state of health. In a hospital there is no difficulty in this respect. If a patient, on leaving, requested a copy of a prescription, he would no doubt get it in most hospitals. In a hospital a doctor has more control of a patient than in the home; very likely the patient does not see the prescription, it being written in the ward book, and the patient leaves the hospital without any prescriptions in his possession.

The pharmacy itself of a hospital is generally of the simplest character. It should be well lighted both day and night. a room 12 x 24, with a desk, a good, deep sink with a draining table, hot and cold water coming from high goose-neck taps, plenty of shelves and cupboards, a plate-glass-topped counter, the usual shelf bottles and ointment pots, mortars, graduates and spatulas, not forgetting a fairly easy chair, for visitors. A storage room about the same size near by would be required for storage, with shelves. A large dispensary with only one set of equipment means unnecessary running about and consequent waste of time. Of course, the size of the hospital might be considered in this matter, but even with a very large one it would only be a case of providing working room for an extra dispenser. A strict replacing of every bottle, box or pot in its place immediately after use is imperative for smooth working. One factor in the prevention of mistakes is to always look at a label before taking a bottle down, and again looking at it on replacing. It would seem difficult to improve on the usual

method of each ward having a drug supply book, in which the head nurse of each ward writes daily her requirements, which, after being supervised and signed by the superintendent or her assistant, is filled by the dispenser. Each ward is supplied with a small box suitable for the purpose.

It seems impossible to make hard and fast rules; the laws of the Medes and Persians, which altereth not, have no place in a hospital. What and which articles should or should not be charged to a pay patient? In the case of wines and liquors these are charged for, but how about extract of meat for a patient with very little appetite and who can consume little else? The fact that most hospitals are partly charitable eliminates the possibility of conducting them on strictly business principles in every instance. The best way, it would appear, is for the superintendent to have a pharmacist in whom he can trust, and then keep a sharp eye on him. Speaking of wines and liquors, these are best in a separate place, under the charge of a special individual, not the pharmacist.

A HINT ON HYPODERMIC TABLETS.

In the case at least of strychnine and morphine, why not use the strychnine or morphine salts as required. Where a pharmacist is expected to make up the hypodermic solutions for the wards, what possible objection is there to using, say, 12 grains of Morph. Sulph. in one ounce of distilled water, if one-quarter grain is desired in each ten minims, or 6½ grains in four ounces of distilled water of Strychnia. Hydrochlor. if 1-30 grain Strych. is required in each 10 minims? The excipient, sometimes inclined to be insoluble, in the tablet, and of no therapeutic value, is eliminated, a clear solution is formed which keeps longer than if tablets are used, and it is much more economical. It is, of course, convenient to keep a stock of tablets of other less used hypodermics, but can any reasonable objection be advanced against supplying the solutions for hypodermic use in the manner indicated? Solutions have been supplied in this manner in the hospital in which I am engaged, and no objection of any kind has been raised. If a good example of economy is in paring potatoes thin, the above may serve for another illustration.

THE NURSING OF COMMUNICABLE DISEASES

By Miss K. Mathieson, Supt. of Nurses, Riverdale Hospital, Toronto.

When your President, Miss Kirke, asked me some months ago to prepare a paper for this meeting on "The Nursing of Communicable Diseases," my first feeling was one of reluctance at the thought of occupying your time in dealing with a subject which, after all, might be of little interest to this Society. Within the past few years more modern methods have been adopted in the management of Communicable Diseases, and with most gratifying results.

In this paper I will endeavor to show some concrete example of the work done in the Toronto Hospital which I represent.

In treating diphtheria at the present time, the physician has come to realize more and more that the cause of death in such cases is the degenerated heart and nervous system resulting from the action of the freely circulating diphtheritic toxin. He therefore directs his treatment toward meeting this toxin and neutralizing it by the use of antitoxin in sufficient quantity. This is determined in an approximate way by the degree of toxemia shown by the patient and the length of time which has elapsed before coming under treatment. He should give sufficient serum to cause clearing of the throat and abatement of the toxemia by the morning of the fourth day of treatment in the worst cases. In milder cases this result should be accomplished earlier and with less serum.

Results only can justify the amount of serum used. In Boston, for example, 600,000 units are sometimes given. In Toronto a dosage of 390,000 units is the most that has been given to one patient. The mortality rates at the South Department of the Boston City Hospital and the Toronto Isolation Hospital are very similar, being between 6 and 7 per cent. Previous to the adoption of this large dosage treatment, our mortality ranged from 10 to 15 per cent. That this reduction in mortality rate in Toronto has not been due to the presence of a less virulent

form of diphtheria is proven by the fact that the mortality amongst patients treated in their own homes during 1912 and 1913 was 16 per cent., the practising physician not being able to use serum in sufficient amounts because of the expense.

We know that it takes some time for serum to be absorbed when given subcutaneously. For this reason we prefer to give the initial dose intravenously. From 10,000 to 50,000 units of a reputable serum may be safely given in this manner. Then to provide a continuous supply to the circulation, the remaining amounts are given subcutaneously. It is our custom in Toronto to give this in the abdomen, for several reasons. The main argument in its favor is that the lumbar lymphatic glands, which drain this reason, more directly communicate with the general lymphatic system than do those from the lower limbs or the back. This favors more rapid absorption. Other minor reasons are that a child may be conveniently held in this position, the injection is not painful, and the patient does not lie upon the site of inoculation.

In addition to antitoxin, the only other therapeutic agent necessary in the treatment of diphtheria is rest,—and by rest is meant absolute quiet in the perfectly horizontal position. Every case of diphtheria is treated in this way expectantly as a heart case until proven otherwise. The mildest cases are kept in bed for at least two weeks, cases of moderate severity for three or four weeks, and in severe types for at least six or eight weeks, because it is in these cases that a relapse commonly occurs in the sixth week with death due chiefly to paralysis of the vagus nerve. Exercise and excitement are contra-indicated both for myocarditis and paralysis, and it is the nurse's duty to carefully watch convalescence in this regard. The diet should not be pushed, but should be given in small quantities and in an easily digestible form. Overfeeding, with the false idea of helping the patient to more rapidly gain in strength, will do more harm than good. The patient is not stimulated unless there are serious signs of failure of the heart—air hunger, pallor, cyanosis of the lips, restlessness, and rapid, weak, irregular pulse. You are dealing with a heart whose muscle has become fatty, and it should be allowed to do as little work as possible consistent with life. Many a patient has been pushed over the precipice with stimulation. A heart which will not recover

with rest and careful dieting, will certainly not recover with stimulation.

When one compares this method of treatment with that in vogue a few years ago, the reduction in mortality rate is not surprising. We have only to remember the struggle to carry out local treatment to the throat, so exhausting to young patients, to realize how much more rational is the treatment by antitoxin and rest. No disinfectant can be applied to the throat strong enough to destroy all the diphtheria bacilli without lowering the resistance of and destroying the patient's own mucous membranes, with the result that those germs remaining flourish more profusely than ever; whereas if the freely circulating toxin be taken care of by an equal amount of antitoxin, the patient himself will be able to react against the infection and limit the course of the disease. Spraying or irrigation of the throat with a saline solution is indicated from the standpoint of oral cleanliness. In the treatment of the associated adenitis in marked cases, the linseed poultice, camphorated oil, etc., have given place to the application of ice. This change is justified by the fact that the reduction in the number of cases of suppurative adenitis has been striking. The adenitis is primarily a simple edema which responds at this stage to cold applications.

The treatment of laryngeal diphtheria has undergone considerable change. Of course the closed-in steam tent and calomel fumes are a matter of ancient history. Steam with plenty of fresh air, and prompt dosage with antitoxin, are indicated in the initial stage, and tend to prevent the onset of the stage of permanent dyspnea. Should this stage supervene as evidenced by cyanosis, dyspnea, anxious expression and pulling in of the soft parts of the chest, intubation is necessary. It is our custom in Toronto to intubate the patient in the horizontal position. It is against our principles to allow a diphtheria patient to sit up. He should be securely wrapped in a sheet, and placed on his back on the operating table with the shoulders slightly elevated and the head firmly held. This position has the following advantages: there is less danger of syncope in the horizontal position, it takes fewer assistants to control the patient, and should artificial respiration be necessary, the patient is in a more convenient position for its immediate performance. It is our custom to leave the silk thread attached to the tube in

place during the acute stage of the disease, and should the patient show dangerous signs of asphyxia due to the blocking of the tube with membrane or mucus, the nurse is instructed to herself pull out the tube, at the same time sending for medical assistance.

The treatment of scarlet fever has not changed materially in many years, with possibly the exception of more rational measures adopted to prevent the occurrence of complications. We are still in the dark as to the specific cause of the disease, and consequently have no specific treatment. There is, however, more scope for the nurse in the treatment of scarlet fever than in the treatment of diphtheria. There is the frequent administration of fluids, frequent sponging and occasional hot packs to promote excretion, and the care necessary to insure cleanliness and a healthy condition of the mouth, throat and teeth.

The frequency of suppurative adenitis has been lessened, as in diphtheria, by the use of ice. Nephritis has become less common by treating each individual case of scarlet fever as a prospective case of nephritis, just as each case of diphtheria is treated as a prospective heart case. All patients are kept in bed for at least three weeks, during which time fluids only are pushed for the first two weeks, and light farinaceous food is added during the third week. The diet is then gradually increased and the patient allowed up, but cautioned against strenuous exercise and over-eating. The incidence of nephritis has fallen in our experience from 5 and 6 per cent to 2½ per cent., due, we believe, to strict avoidance of draughts, rest in bed, and limited diet with fluids *ad libitum*.

From the standpoint of cross-infection the nursing of contagious diseases has been placed upon a scientific and thoroughly modern basis by the work done at the Pasteur Institute, Paris, and the Providence City Hospital. Aseptic nursing is best understood and carried out by nurses who have had an operating-room training. They instinctively know what is clean and what is not clean, and that is the essential; the principles of asepsis are the same whether applied to surgery or medicine. The nurse who cannot appreciate this fundamental is hopeless as far as aseptic nursing is concerned.

In Toronto, we are fortunate in having two separate nurses' homes and two separate maids' quarters for those caring for

diphtheria and scarlet fever respectively. All cases are carefully diagnosed before leaving the admitting room, and any suspiciously mixed cases are placed in glass cubicles and isolated according to the principles of contact infection and aseptic nursing. Over 1,300 cases of diphtheria have been handled in this way during the past two years. Of this number, three contracted scarlet fever after admission to the hospital, but none of these have occurred during the past sixteen months. Bacteriological diphtheria has twice occurred sporadically amongst approximately 1,200 cases of scarlet fever convalescents.

No matter how well equipped, or how carefully managed, a hospital for communicable diseases will still have instances of cross-infection. But the number should be relatively small, and with any kind of good fortune, the better the hospital equipment and accommodation, and the more conscientious the work of the staff, the fewer will be the number of cases. In many instances, infection would be a better term than cross-infection, because it cannot always be proven that the disease was contracted from another in the hospital. Of course, the hospital is invariably censured, but not always rightly so. Seldom will parents be found ready to assume responsibility for the disease which the child contracted at home and for which he was sent to the hospital.

The public, however, appreciate the fact that the most effectual means of caring for communicable diseases is by removal to the hospital. It requires a great deal of confidence on the part of the mother to give up her sick child and leave him entirely in the care of strangers, without even the privilege of a daily visit. Realizing all this, we try to remove the Institutional atmosphere as far as practicable in order to compensate for the rigid isolation which is necessary to carry on our work. Our patients on the whole are happy and contented. Occasionally we have difficulties, chiefly with men patients, who have had a slight illness and must remain in the hospital until free from infection, which is often some weeks after they are to all appearances quite well. They realize that during their illness their source of revenue is gone, and this naturally gives rise to worry and discontent. We find that our purpose can be accomplished by tact and sympathy, pointing out to them the danger to others, rather than by making compulsory regulations and thereby creating a feeling of antagonism.

Society Proceedings

THE AMERICAN HOSPITAL ASSOCIATION MEETING AT ST. PAUL

(Continued from our October issue.)

"The Experiment of a General Hospital without a Staff." This was the title of a paper by Rev. I. B. Johnson, D.D., Trustee of St. Barnabas Hospital, Minneapolis. For the past year and a half the St. Barnabas, a 175-bed hospital, has been an "open" one. Dr. Johnson claims the experiment has been successful. The board would not go back to the old plan. The Asbury Hospital has "followed suit," and dismissed their staff.

The small hospital section drew the greater crowds.

The out-patient section, the first occasion in which a separate session was devoted to this department of hospital work, was a great success. It was presided over by Dr. Warner. It was not largely attended but was instructive. The section emphasized the importance of every hospital endeavoring to establish and maintain a dispensary for preventive work. This department should endeavor to get in touch with the patient and prevent his taking to bed. Conditions should be studied by the members of this department and an attempt made to find out the cause of disease, as a beginning for larger work.

The non-commercial exhibit, now three years old, was a fine feature of the convention.

Evidence of what Minnesota is doing in her campaign against the white plague has been prepared by the authorities of the state sanatorium, who have a display in the university room at The Saint Paul. Photographs of the Walker institution, of the Cuenca sanatorium and the tuberculosis pavilion at the city hospital, together with scenes from the various private sanatoriums, were conspicuous in the exhibit, together with the placarded announcement, "Minnesota now is spending $1,000,000 for new sanatoria."

The local committee, under the chairmanship of Dr. A. B. Aucker, were most assiduous in their attention to the delegates.

The automobile rides, the luncheons, private entertainment, the visitation to the local hospitals, will long be remembered. The South is not in whole possession of American hospitality.

The provision of an information bureau was an excellent idea.

The employment of two stenographers, so that the copy could be kept within twenty-four hours of the programme, affording the extemporaneous speakers time to delete, correct and revise their remarks before the close of the convention, was another excellent new feature. This ensures an early issuance of the transactions.

The Wednesday evening session of the American Hospital Association, according to one of the local papers, almost resolved itself into a row between physicians and several of the country's leading architects. Had it not been for the presence of two hundred or more cool-headed, calm-faced trained nurses who can smile in the face of a doctor's rage the meeting would have grown quite impolite. As it was, the mercury of ill-temper had climbed high when an abrupt adjournment was taken, and the women breathed easier, but felt sorry for the architects, who had been squelched enthusiastically.

Urges Elaborate Hospitals.

The storm broke when Edward F. Stevens, of Boston, who had been invited to address the convention on "The Need of Better Hospital Equipment for the Medical Man," suggested that American hospitals ought to be more elaborate and fashioned on the style and extensiveness of large European institutions. He was supported from the floor by two other architects, Richard E. Schmidt, of Chicago, and Meyer J. Sturm, of New York.

Would Cut Expenses.

Dr. J. A. Hornsby, of Chicago, editor of *The Modern Hospital,* and chairman of two important Association committees, was the first to take up the cudgel against the outsiders. He said that American practitioners do not want the costly "mud bath, sand bath, sulphur bath, dark and light, and every other kind of bath hospitals" of Germany and other foreign countries, but that on the contrary they are looking for means of cutting down

every expense and to provide for the needs of more people. He politely scolded Mr. Stevens for his layman's effrontery and loudly was applauded.

Rakes Architects.

Dr. William H. Walsh, Superintendent of the Philadelphia Children's Hospital, took the floor and raked the architectural profession generally with a broadside and then directed his guns at the Association's guests particularly.

"We probably are wrong in accepting the judgment of the medical profession on hospital construction, but we do, and we consider it presumptuous for architects to come and try and tell us what to do with our equipment," he concluded, and again the tide of applause scored a count for the doctors.

Hospitals ought to think less about quail and crabs for millionaire patients and more about the food for their own employees, according to Miss Emma F. Holloway, of the Pratt Institute, Brooklyn, N.Y. In a paper on "Hospital Housekeeping," read at the afternoon session, she said great reform is needed in this direction.

"The complaint comes from the north, south, east and west that our nurses are not well fed, and they need much more nourishment to keep their health, cheerfulness and good temper," she declared.

Dr. Mason R. Pratt, of Syracuse, N.Y., scored reciprocity agreements made between some hospitals and undertakers who supply ambulance service with the understanding that if the ambulance brings patients to the hospital the institution is to send funerals to the undertaker. "It may often smack of graft," he said.

Reading the report of a committee appointed to study direct and indirect work of hospitals in preventing disease, Dr. W. L. Babcock, of Detroit, Mich., recommended that each hospital should have an out-patient or dispensary department, a social service department and a convalescent home. Through these agencies it could co-operate in the public medical inspection of school children, dental clinics, and in optical, orthopedic, infant feeding and general welfare service, he said.

Michael M. Davis, director of the Boston dispensary, said that "the out-patient service is altogether too important to

remain longer merely a poor relation of the hospital," in the report of a special committee appointed to study this phase of present-day practice.

"The Presentation of Theoretical Work to Student Nurses." This was the subject of a paper by Mary C. Wheeler, R.N.

During the first six weeks the nurse should be taught her ethical relation to the various people associated in any way with the hospital, familiarized with the rules of the institution and given the technique of elementary nursing. In the second six weeks such other nursing procedures may be presented as will begin to fit her for night duty in her sixth month.

Following the preliminary three months, the lesson should be assigned by topic, an outline of it should be given as a framework, and her reading material selected. All materials possible to demonstrate any part of the lesson should be used. Following theory and demonstration, the pupil-nurse should report her observations in the ward.

The nurse should receive credit for work during the term and excused from final examination if she makes 85 per cent. during the term. She is not allowed to take examination unless she makes at least a 70 per cent. grade.

One person should be in charge of all the theoretical work, but should not attempt to cover all the topics in the curriculum.

Others who can give instruction in special work should be secured.

Lecturers to nurses should be good teachers with good personality and a thorough knowledge of their subject.

Follow-up work in the wards is of much importance in order to correct any faults in technique.

With such teaching the patients show that they are well taken care of, there is an atmosphere of comfort among them, while the surroundings show thrift in time, effort and materials. The nurse has developed poise, consideration for others and ability to meet emergencies successfully.

"Artificial Illumination in Hospitals." This topic was dealt with by Meyer J. Sturm, of Chicago.

Formerly we knew only the terms of illumination in candlepower. Now we study illumination not only from the standpoint of intensity but from the physiological as well as the psychological effects.

Light is not a physical quantity, but is the physiological effect produced in the cerebral centres by a nerve stimulus. It is the illuminating engineer's business to produce in the field of vision a distribution of brightness possessing certain desirable characteristics. The mere attainment of a certain illumination does not indicate that one has a distribution of desirable brightness. No installation can be described in terms of illumination. Brightness, unlike illumination, does not change with the distance between the bright surface and the observer. While an ordinary photometer placed in the centre of a room can measure only the illumination at that point, a brightness-measuring instrument can, from that location, survey the whole visible room, walls, floors, etc.

The picture seen in a photographer's lens reveals the brightness, but if covered by an opal glass the illumination measurement may be noted. Illumination is the method of producing brightness distribution. It is the business of the illuminating engineer to secure such arrangement of brightness in the visual field as is pleasant and safe.

Mr. Sturm holds the bright ceiling used with an indirect fixture is the true light source, inasmuch as by no entirely photometric device or measurement can any distinction be made between a diffusely reflecting ceiling, a diffusely transmitting ceiling, or an incandescent glowing ceiling—surface brightness, directional value, shadows, everything is the same. Sharp shadows are eliminated and glare is reduced.

Miss Nina Dale, R.N., Superintendent of the German Hospital, Chicago, read a paper on "The Hospital Family—Co-operation in Domestic Management."

The father of the hospital family is the board of trustees; the mother, the superintendent of the hospital. The former supports the family; the latter is responsible for the orderly and efficient conduct of the family—the provisioning with wholesome food, the proper preparation of the same, its attractive serving to patients and nurses; the adjustment of complaints, the rectifying of misunderstandings, etc.

The patients are the children of the family, and it is for their comfort all are striving. They are the most important part of the family.

The ideal family is one wherein harmony, mutual interest, sympathy and loyalty prevail. To bring about this condition the maximum of authority and responsibility must be vested in the superintendent of the hospital. The superintendent must choose the subordinate officers. The greatest factor in creating and maintaining harmony lies in the choice of such assistants.

The medical staff must also be included in the hospital family. These mollify patients' petty complaints, evoke courtesy by example, are the staunch friends of the nurses without overstepping the bounds of propriety, teach and admonish the internes, and who give their best attention to the patients without thought of remuneration.

What an unnerving experience can be inflicted by a meddlesome, irritable, insatiable practitioner!

The interne should be courteous, gentle and sympathetic to his patients, yet reserved, dignified and attentive. If he disagree with his superior he should be careful to conceal his opinion.

The ability and shrewdness of the superintendent are reflected in the assistants appointed.

The character and reputation of the hospital in the final analysis is determined by the character and efficiency of the pupil nurses. Pupil nurses often come far short of perfection. Had their earlier home life been such as to cultivate habits of economy, respectfulness, kindness, consideration, a thoughtfulness of others, a forgetfulness of self, a great deal more time could be spent in teaching them the actual theory and practice of nursing, rather than trying to eradicate the shortcomings of twenty years' formation. A nurse with a good home training early secures the confidence of her superintendent, and is entrusted with responsibilities and is sought for at the end of her training to enter the organization.

The men and maids of all work are also components of the hospital family and should be honest, loyal, unselfish and courteous. These are co-workers with the higher hospital officials not their slaves. Many of them have fallen from the heights and need counsel, support, guidance, a cheery word, and, sometimes, reproof.

J. W. Fowler, A.M., M.D., Ph.D., Superintendent of the Louisville City Hospital, read a paper on "Scientific, Economic

and Humane Conduct of Municipal General Hospitals in the Southern States."

In the Southern hospital, when there is a white ward there must be a corresponding negro ward, so larger buildings are required and a greater expenditure for equipment and maintenance.

An exactly opposite condition obtains just across the Mason and Dixie line—negro and white man occupy the same ward.

Nurses, when told if they enter the hospital they must nurse negroes, often decide on remaining out of the school, though most nurses declare negroes are more grateful than the whites.

Contrary to the prevalent opinion in the North, the negro is well treated in the schools and hospitals of the South.

The hospitals of the south are much the same in character and use as those of the North—private, municipal, contagious, special, teaching, etc. Many of the hospitals are "open" hospitals, especially in the smaller cities. Some hospitals have the school men do the winter work (when the medical college is in session) and non-school men in summer.

The hospital architecture varies. The more modern hospitals are built on the pavilion plan, such as the Louisville City Hospital and the Johns Hopkins.

The nurses' homes are quite up-to-date in the newer hospitals. Homes for employees have also been built, which makes for efficiency.

Hospitals in the South are not measured by dollars and cents.

In the Louisville City Hospital especial attention has been given to the matter of records and rules.

There are one million people sick all the time in the South. With the advent of hospitals the expectation of life during the past fifty years has gone from thirty-three to forty-five years.

The next place of meeting will be San Francisco, Cal. There were twelve cities after the convention, the strongest claimants after San Francisco being Philadelphia and Baltimore. Dr. Louis B. Baldwin, Dr. J. W. Sluss, and Dr. C. H. Drew were the committee on place.

Twenty men and women delegates from Ohio institutions met at The Saint Paul at the close of the afternoon session yes-

terday to discuss the advisability of a local state hospital association in that commonwealth.

Dr. William O. Mann, of Boston, Superintendent of the Massachusetts Homeopathic Hospital, is the new President of the American Hospital Association. This choice was unanimous at the closing session, when O. H. Bartine, of New York, announced that Dr. Mann was the candidate of the nominating committee.

Dr. A. B. Ancker, Superintendent of the St. Paul City Hospital, was honored with the first vice-presidency.

The other vice-presidents are: W. W. Kenny, Superintendent of the Victoria General Hospital, Halifax, Nova Scotia; Miss Ida M. Barrett, Superintendent of the Grand Rapids Hospital, Grand Rapids, Mich.; Dr. H. A. Boyce, Superintendent of the Kingston General Hospital, Kingston, Ont., was re-elected secretary, and Asa Bacon, Superintendent of the Presbyterian Hospital, Chicago, was re-elected treasurer.

A partial report of the committee on legislation, read by Mr. Bacon, commended the militant methods of the trained nurses in Oklahoma in attaining registration laws; declared that Iowa has the best state laws governing hospitals and nurses; that Chicago leads municipalities in this direction, and scored the California eight-hour-day law, which, in the opinion of the committee, is playing havoc with hospital routine and efficiency in that state.

Miss Mabel McCalmont, of New York, told the hospital officials that the national hospital bureau will open May 4, 1915. The institution, among other activities, will make emergency purchases of supplies in Gotham for small hospitals which do not have ready access to large markets.

Several parties were made up for vacations on the coast or in the national parks, but the majority of the members returned at once to their charges.

The "hospital special" over the Burlington route left St. Paul on Friday evening for Chicago with most of the Eastern delegates aboard.

EASTERN HOSPITAL NURSES GRADUATE

The annual graduation exercises at the Eastern Hospital, Brockville, were an exceedingly pleasant function. It had been intended to hold the exercises on the lawn, but because of the portending rain the spacious assembly hall was used, and it was filled to capacity with friends and visitors. His Honor Judge McDonald presided, and on the platform with him were the several gentlemen who delivered addresses to the graduating class—Rev. Mr. Woodcock, Rev. Mr. Runnells, Rev. Mr. Scanlon, Drs. Vrooman and McLean, of the hospital staff; and others among the citizens in attendance were Messrs. W. H. Osborne, Wm. Shearer, C. W. Yarker, A. J. Page, D. D. Donovan, C. R. Deacon, Dr. Bogart, of Kingston, and a large number of ladies.

After a short and appropriate address by His Honor Judge McDonald, the chairman, W. W. Dunlop, of Toronto, Inspector of Public Charities for Ontario, addressed the graduation class and administered the Florence Nightingale Pledge to the nurses. This was an impressive ceremony, and was the first occasion of its administration in Brockville.

The graduating class were Misses Jean Gibson, Hamilton; Nellie McCaffery, Brockville; Annie Rand, Scotland; Myrtle Wiltse, Lyndhurst, and Irene Race, Brockville. Mr. Dunlop made the presentation of diplomas, and Mrs Dunlop presented the class pins to the graduates.

Dr. J. M. Foster then addressed the gathering and in his remarks complimented the graduating class upon the high standing they had taken in the provincial examinations, the classes from the Eastern Hospital, senior, intermediate, and junior, having taken the foremost positions, while Miss Gibson led the Province and made perfect marks in several subjects.

Brief and timely addresses were delivered by A. E. Donovan, M.P.P., John Webster, M.P., W. T. Rogers, Judge Reynolds, and Dr. Bowie and R. Craig, who spoke on behalf of the Brockville General Hospital.

During the afternoon vocal solos were most acceptably rendered by Miss Kathleen Craig, Mrs. C. Lyman, and Miss Ogilvie, and following the programme ice-cream and strawberries were served and a pleasant half-hour thus enjoyed, Dr. and Mrs. Mitchell proving the happy hosts and delightful entertainers they always are.—*Brockville Times.*

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Editorials

DR. FISHER HONORED

THE Board of Trustees of the Presbyterian Hospital, New York City, have conferred upon Dr. C. Irving Fisher, their recently retired superintendent, the honor of electing him to the membership of their Board.

In taking this step, the Board were, perhaps acting in consonance with the remembrance that two or three years ago Dr. Hurd, for so long superintendent of Johns Hopkins Hospital, upon retirement, was appointed Secretary of the Board of that institution, which office he still fills.

Both of these gentlemen gave long and valued service as heads of these large hospitals, which, under their administration took and maintained first rank among the hospitals of America.

Expert knowledge such as that gained in the long and efficient administration of a modern public hospital is of too great value to remain unutilized. By their action the boards of these institutions have expressed both their recognition of this fact and their appreciation of the personality of these gentlemen.

Dr. Fisher and Dr. Hurd throughout their long hospital administration upheld and maintained not only high standards of efficiency in service, but a breadth of view and a personal honor and courtesy in public dealing, which should make their records an inspiration to the younger men of the profession.

HOSPITAL WAR POINTS

The Bishop of London, in whom Canadians have a personal interest is giving not only himself, but his possessions to the service of his country. Recently he sent an urgent sick case from the camp where he was on duty to the Tunbridge Wells Hospital in his own motor car.

The Admiralty has asked that a ward of the Hendon Hospital be reserved for cases of sick and wounded of the Royal Flying and Naval Service. This is the first instance of such a ward hospital on record.

While the war has had disastrous effect on the publishing houses at large, the publishers of First Aid and Red Cross manuals have nothing to complain of. It is an ill wind that blows nobody good.

The last mission of the Rheims cathedral was to serve as a hospital for twenty German wounded who had been carried into it under the Red Cross flag. A little later they were carried out one by one by French doctors, to prevent being burnt alive under the shelling of their own countrymen. It was a worthy last service for the magnificent old pile, which even the floating Flag of Mercy failed to save.

The Welsh people have provided and equipped a portable hospital to be erected at Netley as a section of the military hospital there, with funds to maintain it for six months or longer if needed. Later it may be donated to some hospital need in the colonies.

War office orders are that, while men with conscientious objections should not be vaccinated, every effort should be made to persuade the men to undergo vaccination on the ground that unless they submit they are not likely to be of much service in the field.

The Chadwick trustees announce their intention of awarding, at the close of the present year, the Chadwick gold medal and fifty pounds each to that naval and military officer respectively who shall have distinguished himself most in promoting the health of the men in the army and navy.

The awardment will be noted with interest.

Retirement regulations in the Royal Army Medical Corps compel its officers to retire as early as fifty-five. Service beyond that age is for those only whose professional and administrative ability lifts them to the rank of Surgeon-General, in which case the age limit is sixty.

No hospital or convalescent institution of any kind can be utilized for the reception of sick or wounded soldiers and sailors unless the War Office or Admiralty have approved its equipment, staff and administrative arrangements.

Not only is vaccination enforced in the German armies, but the German military heads state that if necessary, it will be carried out on the inhabitants of hostile countries in which the German armies may be for the time located.

To destroy his crops, ruin his business, burn his home, commandeer his service, and then vaccinate him—provided he is not shot at the outset—is a sad fate for the unfortunate hostile inhabitant.

The project to form a special cholera corps for army medical service in the east, which was under consideration in the early weeks of the war, was dropped in October, as there was then no likelihood of immediate call for such work. If the war continues through the coming year, the scheme may need to be revived.

A committee has been formed to further the appeal of Lord Roberts that, now that winter is at hand, provision may be made for the wounded and sick of the Indian contingent in the form of a hospital in a warm climate, in which they may be able to regain health. The present proposal is to establish such hospitals in Alexandria and Marseilles.

THE GREATER BURDEN

Not alone the War Office but the various boards that administrate civic and municipal affairs of the mother country are doing marvellous things in meeting the various relief demands thrust upon them by the war. Continually some fresh burden falls upon their shoulders and they meet it each time cheerfully and efficiently.

First, there is the care of the vast army in the field—then of that sadly large army of the wounded at the base. Concomitant with them is the provision for the dependants of the men at the front, the families of our soldiers. And then come the Belgian

refugees in tens of thousands, to be protected and planned for. The sequestration of detained German civilians in centres where they must be guarded and provided for at the Government expense is yet another burden; while the latest responsibility is that of the families of these Germans, who must in some way be supported while their heads are kept in enforced, if temporary, idleness.

These responsibilities, arising one after another are thrust upon the nation by the war. They are part of what war means to the civil life that must go on under these emergent conditions. All these responsibilities must be assumed by the country together with the economic disturbances that mean suffering and need to a large unemployed during the ensuing winter.

The able manner in which administrative England is rising to the vast emergency is something to marvel at and admire. Cheerfully, willingly, day and night, the various agencies are working to cope with these conditions and needs as they arise. The call from the War Office, the House (Westminster), or the Guildhall, meets with ready response from Boards, Committees, Institutions and Hospitals; while the individual members thereof—England's most solid citizens—square their shoulders to meet each new responsibility laid upon them whatever it may be.

All of England's fighting and service in this war is not on the battlefield.

FITNESS FOR THE FRONT

As the war progresses, much experience is obtained by the War Office in the matter of the army personnel.

The alarm has been sounded in connection with the medical department, that too many cases of tuberculosis have been discovered among the sick and wounded men brought in from the front.

The Hospital of October 17th, in an editorial on the subject, reasons that in the first rush of recruiting, when the pressure upon the medical examiners was at its highest, it was quite possible that incipient cases may have been passed unnoticed, especially if the applicant was eager to enlist, and therefore not disposed to reveal slight indications of weakness which the medical man only reads aright.

There is a natural tendency to attach much importance to a standard of physical measurement. As *The Hospital* remarks "a healthy man of five feet three inches would make a better soldier than a man of six feet with indications of phthisis or other progressive disabling disease. Yet the former would be rejected on sight, while the latter might easily pass a hurried examination, only to break down in the early days of his service."

Apart from the cost to the country of such instances is the far more serious consideration of the danger involved to the corps to which such cases are attached. In view of the crowded barracks, tents, or even trenches, where close contact together with the

favoring environment of wet, cold and physical strain, the slightest incipiency should be sufficient reason for rejection. An exceedingly stringent medical examination is the only preventive in this matter.

In contra-distinction to this is the consideration that a large number of would-be recruits rejected by reason of minor physical defects could be rendered available by brief medical treatment. It has been suggested that such be admitted to the territorial hospitals, where as provisional soldiers they may be treated for these minor ailments, and when pronounced fit sent into service.

In the majority of instances the applicants are unable to secure this treatment for themselves and where the defect is in teeth, feet, or other slight disabilities, the country would be well repaid if brief hospital treatment secured the enrollment of an efficient fighter who would otherwise be lost to the service.

The same suggestion might apply to the Canadian contingent, if at any time a fine type of applicant for enlistment was disabled by minor defects. But up to the present the rush of recruits for British service so far exceeds the demand that it makes a high standard of physical condition easy to maintain.

WHAT IS LACKING

At the time of this writing there are evidences that the magnitude of the war, the duration and violence of the assaults has outmeasured the first aid and field

hospital provision of the allies. There are also indications that there has been a lack of co-ordination in the work of the various relief organizations, with a resultant unequal distribution of hospital forces in the field.

The hospital procession at the base as outlined on another page appears ample thus far, and once the wounded are landed in England their comfortable disposal is assured. But, on the continent, because of the length of battle line, the continuous fighting, and heavy loss, the medical and ambulance corps have been unable to adequately cope with the situation.

"Fifty soldiers who were only slightly wounded, died on the battlefield from exposure, because the ambulance corps were unable to give them attention. Large numbers of the wounded, many of whom lay in the rain for fifteen hours, were without the slightest surgical aid." Reports such as these coming so frequently from the front show that something is lacking in the organization of the first aid work.

There are three great relief forces with the fighting army—the Medical Corps, the Red Cross and the St. John's Ambulance Brigade. Each of these is a strong organization, endorsed or controlled by the War Office, with extensive equipment, almost unlimited funds, and trained workers at their command. With a proper measure of co-ordination between these forces it seems as if there should be no such instances of appalling neglect as that indicated in the above and other similar reports. The battle line should be covered. Relays of surgeons, nurses and

supplies should be rushed wherever the need is greatest. The wounded must have first aid, shelter, and the earliest possible transportation to the base hospitals.

If there is not a sufficient staff with the forces to ensure this, then both doctors and nurses must be commandeered from the base hospitals, which by location are able to command extra service at all times. Of what avail are the many fully equipped base hospitals, the opened private homes, the outpouring of local kindness, if the men for whom these wait cannot be brought within the reach of their healing influence until too late to be of avail.

System, and a very perfect system is essential in so vast an organization as the present medical relief corps; but it must be as flexible as the army fighting line.

At this moment of writing three of London's eminent surgeons, Sir John Bradford, Sir William Harringham and Sir Almroth Wright have been sent to the fighting field as consultant surgeons, and following them Sir William Osler, who has been placed in entire charge of the medical hospital service at the front.

If red tape is in any measure stultifying the efforts of the three large relief organizations now in the field it will bend to the methods of Sir William Osler whose gift of reaching straight to the point and heart of things, without regard to form or boundaries, is well understood in Canada.

THE WAR HOSPITAL SYSTEM

THE adaptation of the hospital system to present war needs is not clearly understood by the general reading public on this side of the water. A brief outline of the scheme, defining the place and purpose of the several classes of institutions utilized may therefore not come amiss.

Hospital provision for the wounded in war is entirely under the control of the war office, and upon it rests the onus of any incapacity.

Three groups of hospitals enter into the present war service—the military, the territorial and the voluntary hospital. It is estimated that these will provide fifty thousand beds, a total which the war office hoped at the outbreak of hostilities would not be required.

The purely military hospitals which are permanent provide twenty thousand beds, the territorial which are emergent, twelve thousand, and the voluntary which correspond to the large general hospitals on this side of the water collectively about ten thousand, without breaking in upon the ordinary civilian service. In addition to these there have been many offers of private mansions to be used as hospitals and convalescent homes.

In the above three groups, the first and third being permanent institutions are clearly defined types. The territorial hospital, however, is emergent, being called into existence by war, and enduring only while its need endures.

The organization of sufficient hospital accommodation for the wounded in event of an extended war was begun in 1907 by Sir Alfred Keogh, and his plan as then defined has been steadily adhered to. Steps were taken at that time to select buildings at central points throughout Great Britain, which in event of need could be converted into hospitals for the wounded. The selections were made vith a view, first, of permitting a minimum of five hundred beds, and, second, of providing adequate local treatment.

Many of the buildings chosen were of public character, such as schools, municipal offices, art museums etc., many of them with ample grounds that might provide additional accommodation if required. These provisional hospital centres 23 in number were selected 7 years ago, and adequate equipment for each was purchased, assigned and stored, ready to be transferred at the emergent moment. Four of the sites selected were in London, five in large northern cities, five in the south, two in the east, three in the west, including Wales, and four in Scotland.

When war was declared, and notice was given to the municipal authorities concerned that these various public buildings were required for hospital purposes there was remonstrance from the ratepayers against commandeering the school buildings for obvious reasons. The objections were allowed, and other buildings such as old asylums, portions of college and university buildings were selected in their place.

In the large cities it was deemed advisable to use wards or annexes of the city hospitals as part of the territorial service. Since the military sick and wounded must be under control and regulation of the war office, and the voluntary hospitals being essentially civil hospitals are under the control of civil boards, the difficulty was gotten over by placing entire wards or annexes at the disposition of the war office, and also making the attendant hospital medical staff temporary members of the Army Medical Corps. In this way the voluntary hospitals, while retaining their civilian character are yet able to help out the military need.

These twenty-three territorial hospitals represent a new feature in hospital history. Each is the centre of a county group, and while under the war office control is largely locally staffed. The wounded where possible are sent to the hospital located in their home district. Being emergent these territorial hospitals will disappear at the end of the war. But their existence serves the double purpose of preventing the congestion of the coast hospitals and keeping before the inland citizens active evidence of the great struggle and its cost.

AMERICAN HOSPITAL IN FRANCE

THE American hospital in Paris, established largely by the generosity of Mrs. Whitney Hoff, formerly of Detroit, for the purpose of serving American citizens in the French capital, is an institution so perfectly

equipped and efficient that it has become international in reputation.

When war was declared the hospital at once offered its beds and service to the French Government for the sick and wounded, but because of its limitations was soon unable to meet the demands upon its accommodation. It was then decided that, using the hospital as a starting point, a military annex and an ambulance service should be established in connection with it which should be in charge of American surgeons and nurses, and supported by American contributions.

The French Government gave the use of a large public school then in course of construction. The American colony in Paris donated their services. American art students put on workman's blouses, took mechanic's tools and worked night and day to complete the building to a point sufficient for its hospital service. Since that time the record of the work has been little short of marvellous in its efficiency and magnitude. A recently returned American citizen gives the following details concerning it:

"A committee of business men prominent in the American colony in Paris devoted themselves to the business administration of the hospital and they have worked untiringly. To their efficient management is due much of the success of the hospital.

"Supplies were got together and the most modern equipment was donated so that when the first wounded were received the French and English surgeons frankly expressed their amazement. Sir Frederick Treves, surgeon major to the King of England, and other high authorities have declared the hospital to be of the finest type.

"In a few days a fund of about $120,000 was raised among Americans who were in Paris. To their generosity and zeal is due the fact that this hospital is one of the best equipped that has ever cared for the victims of war. An x-ray plant was donated. Sterilizing plants for water, both for drinking purposes and for use in dressing wounds, were installed on every floor, where all dangers of infection from this source were removed by ultra-violet rays. A dental department was added under the direction of Dr. Davenport and Dr. Hays, two American dentists with international reputations, living in Paris. Medical and military authorities have been quick to recognize the value of this department in having expert advice not only in the case of wounds to the mouth, teeth and jaw, but in the wider field of infection through the mouth. It is probable that this American example will be followed and that hereafter no large military hospital will be without a dental department.

"Dr. Koenig, an American specialist of the highest standing, is at the head of the department which has care of wounds and diseases of the ear, nose and throat. Dr. Louis Borsch, an eminent American oculist living in Paris, was placed at the head of the branch of service which has particular care of the eyes.

"All of these men and the chief surgeons and physicians, Dr. Dubouchet, Dr. Blake, Dr. Magnin, Dr. Gros, Dr. Turner, Dr. Derby and the others, are volunteers, serving without pay. It must be realized that in no ordinary times could any hospital avail itself of the services of so many recognized experts, and it is because they are at its head that the efficiency of the American Ambulance has received the praise of leading professional and military authorities. The same standard of efficiency is maintained among the nurses and helpers, many of whom work without pay.

"Connected with it is an ambulance service. Twelve Ford motor cars with volunteer drivers and mechanics and many privately owned automobiles of other makes have been donated for this work. The ambulances bring in the wounded from the hospital trains with the least possible delay. During the time of the fighting near Paris the ambulances went often direct to the front, returning with the wounded.

"In this war the appalling number of casualties has been beyond all expectation. It has been humanly impossible to foresee or provide for the emergencies that have arisen and the wounded on both sides have often been forced to remain for days on the field or in improvised shelters before they could be removed to hospitals in all parts of France. Railroad service is necessarily slow and uncertain and sometimes the suffering men must be kept for long hours in the trains. There is a most urgent demand for further ambulance service and the American hospital has need of many more motor cars. By no other means can it so quickly and effectively serve the cause of humanity as by bringing the suffering wounded to where they can receive surgical and medical attention.

"It is desired to extend this ambulance service and to establish auxiliary hospitals further on so that the ambulances can work nearer the battlefields and the wounded can be cared for and taken to the American hospital without the present delay. I have received within a few days from the American committee in France an urgent appeal for more motor cars.

"During the time I was in France I heard many high tributes to our country for the generous impulse of its citizens as shown in this hospital and to the high efficiency that has been demonstrated. General Gallieni, governor of Paris, General Fevrier, who is at the head of the Medical Corps of the French army, and several officers of high rank of the British army have been frequent visitors and they are unanimous in their praise. Need I insist further upon the international importance of the work I believe that long after this war is over the nations of Europe will remember gratefully the American Ambulance in Paris not only because of its humane, impartial mission, but because of the high order of scientific ability shown by the men who are at its head.

"The hospital building has room for 1,000 beds, but the present funds have permitted the installation of only 400, all of which have been filled. There is the most urgent need for the entire 1,000 beds and for auxiliary hospitals nearer the front. The men and women who are giving themselves to the suffering at the hospital work indefatigably night and day. The surgeons have often operated for ten hours at a time. These devoted

men and women are confident that their fellow-Americans will come to their support with sufficient funds. It is calculated that $500,000 is needed; about $120,000 has been raised in Paris and in this country about $110,000, in addition to which the American Red Cross, recognizing the value and importance of the service the American Ambulance is rendering, has contributed $25,000, making a total of about $255,000.

"Because so much of this service of the highest order is gratuitous the cost is kept at a minimum. There are no expenses of administration, no paid secretaries or clerks and no salaried officers, so that every cent is devoted to the purposes for which it is given."

ERRATA

Mr. Edward Stevens, hospital architect, of Boston, writes us that this journal was incorrect in its report of his most interesting paper read at the St. Paul Meeting of the American Hospital Association, "The Need of Better Hospital Equipment for the Medical Man."

Mr. Stevens showed a series of pictures of European hospitals, their bath houses, various baths and provisions for administering aerotherapy, heliotherapy, mechanotherapy, as well as hydrotherapy, to patients in the medical departments. One did not see such provision in American hospitals. Mr. Stevens inquired if it was not time such provision was being made in American hospitals. "How much longer," asked he, "will the medical men stay quiescent and allow their brother practitioners who have taken up the surgical side of the profession to get all the equipment, all the choice rooms, all the plums?"

. . . . "Are the builders of the great modern public hospitals of Europe wrong in their theory and practice?"

We hope to allude, editorially, at greater length to this paper in an early issue of THE HOSPITAL WORLD, and meanwhile gladly apologize to Mr. Stevens for a most unintentional misrepresentation of what added materially to the interest of this year's meeting of the American Hospital Association. Mr. Stevens' paper appears in full in this issue of THE HOSPITAL WORLD.

Original Contributions

THE NEED OF BETTER HOSPITAL EQUIPMENT FOR THE MEDICAL MAN*

By Edward F. Stevens, A.I.A., Boston, Mass.

In discussing the subject assigned to me, "The Need of Better Hospital Equipment for the Medical Man," it is not my intention to tell you, who are medical and hospital people, how you should treat your patients, but to show you some of the methods used in some of the charity hospitals in Europe, and to ask your advice as to whether we, in America, wish to do likewise.

As one visits the more or less modern hospitals of the United States, he will generally find beautiful operating suites with modern plumbing, equipment and instruments, the best that science has developed, in order that the *surgeon* may do his best work. But what do we find for the medical branch of the staff? A medicine closet for drugs, the ordinary bathtub two-thirds the length of the patient, the hot-water jugs and compresses, and a more or less up-to-date X-ray outfit. That is generally the extent of the equipment. How much longer will the medical men stay quiescent and allow their brother practitioners who have taken up the surgical side of the profession to get all the equipment, all the choice rooms, all the plums? Shall we go on building our hospitals without thought of the medical man or shall we devote a little space for his needs?

Are the builders of the great modern public hospitals of Europe wrong in their theory and practice? In every modern public hospital on the Continent one will see the great medical department building or bath-house equaling, and generally surpassing the "operation" building in size and equipment. Unless this means the relief of human suffering, would the

* Read before the American Hospital Associati on, St. Paul, October 1914.

German, the Danish and the Dutch Governments spend the vast sums that they do in this splendid equipment? Or are all these departments mere fads and fancies of a few influential members of the staff, who wish to work out some new theory? This might be true in one institution but would it be repeated in all of the newest institutions, each one a little more complete and far reaching that the others? For one will find in the medical department such sections as:

Mechano-Therapy,
Hot-Air Baths,
Warm-Air Baths,
Steam Baths,
Light Baths,
Electric Baths,
Gas Baths,
Radium Baths,
Sand Baths,
Sulphur Baths,
Mud or Peat Baths,
Sun Baths,
Inhaling and Pneumatic Chambers,
Rontgen-ray, with all its ramifications.

To the student of hospital architecture the question naturally arises: If these methods of treatment are essential for the well-being of the poor and indigent across the sea, why should we not practice them, or some of them, in our institutions? Just to show what some of the later European hospitals are doing along the line of medical equipment, I will refer to a few examples.

The Eppendorf, at Hamburg, is not now considered one of the newest hospitals, but you will see, has devoted a goodly space to the medical treatment building.

The Virchow, at Berlin, devotes even more room to this department than to the surgical.

In the St. Georg, at Hamburg, while the bath-house is not so large in proportion, it is several stories in height and most complete in equipment.

At the Barmbeck, Ruppel's latest hospital, at Hamburg, the bath-house is given the place of honor on the main axis, while the operating pavilion occupies a secondary position.

Bispebjerg, at Copenhagen, the newest large Scandinavian hospital, has devoted a large space to this department, which is entered by semi-underground passages.

But in Munich-Schwabing, one of Germany's best hospitals, one will find a most complete equipment. If we study this plan in detail we will find baths of every kind for the relief of suffering humanity. Commencing at the left is the Rontgen-ray department, the inhalation department, the rest rooms, pneumatic chamber, massages and mechano-therapy; and in the centre the various baths are arranged—the Fango or Italian volcanic earth bath, the mud or peat bath, sand baths where the sand is heated and applied to the patient, the CO^2 bath, the light, the general hydro-therapeutic room with its spray of every description, its warm and cold plunge, its wading bath—all of these placed in a most magnificent room. On the second storey of this building is the great sun-bath room, so arranged that if the sun is too warm the surface of the glass can be covered by a water curtain, as it were, so reducing the temperature of the room.

In this hospital I first saw the pneumatic chamber used for treatment. A patient needs rarified air and is sent to the hospital. He is placed on one of these rooms, surrounded by his books and papers. Pressure in the room is reduced to the desired amount and the patient is getting the rarified air of the high mountains right at home; or perhaps he is ordered a greater than atmospheric pressure, in which case the chamber is put under pressure instead of a vacuum.

The water bed is used for the relief of many troubles and is considered one of the indispensable pieces of equipment. At the St. Georg I saw one poor fellow in this water bed, who had been for months in this position, eating, sleeping and reading, and who could not have lived under other conditions. The water-bed, or full-length tub with adjustable hammock, one will see in many wards in Germany and Austria. In one hospital that I visited, each medical ward had its water-bed, and in other wards each bed was provided with pipes from the wall, for cold water circulation in place of ice caps.

The sand bath, where the patient is packed in sterile sand at the proper temperature, is found in almost every large European hospital.

The hydro-electric bath, the carbon dioxide bath, the plunge and those mentioned before, are just a few of the examples one will find in the general public hospitals of Europe. I am not referring now to the various sanatoria which one finds all over the world, but to the general hospitals for the care of the poor and indigent.

Should we not in America provide such equipment that the patient suffering from arthritis, chronic rheumatism or cellulitis, let us say, might have the proper mechanical, electrical, heat and massage treatment, or the water-bed for severe bodily burns or sores?

Should we not provide separate accommodation for the psychopathic patient? Why should we send our contagious case and our tubercular case to separate institutions, when with proper equipment and segregation which can be afforded in the general hospital, this care can be maintained with greater economy under one administration than under many?

Nearly every large hospital has some of these things and few modern hospitals are built without the airing balcony, where the medical, as well as the surgical, patient may have the fresh air and sun treatment. But there are few hospitals in the world which have a more complete mechano-therapy equipment than the Massachusetts General Hospital, at Boston, in its splendid Zander room. But even here the service is largely that of the surgical side.

To-day nearly every hospital, large or small, has its Rontgen or X-ray outfit. In many a more or less complete hydro-therapeutic department is provided.

With the knowledge of the therapeutic value of the various treatments employed abroad, why do we not grasp the opportunity to relieve our fellowmen? Is it because our medical schools and our teaching hospitals have not awakened to these possibilities? Or have our American medical men some more potent and simple remedy?

In my discussions with various medical specialists they acknowledge the value of equipment and recommend it where possible, especially the full-length continuous bath or water bed, the hydro-therapy and baking. In the later hospitals in which I

have been interested, I have endeavored to set apart certain rooms and reserve them for the medical treatment rooms, believing that within a very short time the medical men will demand equipment.

In the new St. Luke's Hospital, at Jacksonville, about one-half of the second storey of the Administration Building is set apart for medical treatment. This portion is not equipped, but is ready whenever the demand comes and the funds necessary to equip and maintain it are obtained.

In the plans of the private pavilion of the Royal Victoria at Montreal, a large space is to be set apart for medical equipment, a small psychopathic department, Rontgen-ray department, hydro-therapy, electric, Nauheim and continuous baths, rest and massage rooms.

May I give one example of a contagious department built in connection with a general hospital?

At the new Ohio Valley General at Wheeling, a complete isolation department is built on the fifth floor, entirely isolated from the main hospital by cross fresh-air passages, with separate serving kitchen and sink rooms, airing balcony, etc. Every room is completely equipped with sinks having elbow faucets, doors without knobs, but with hook handles on the inside for opening with arm or elbow. In this department the individual bath is given in a shallow tub, placed on wheels so that the top of the tub is level with the bed. Floor connection is established with the waste pipe and the patient is given a spray bath with clean water.

At Mount Sinai Hospital, New York, the physical-therapy department, under Dr. Wolf, is doing splendid work for the relief of many.

The help given to the so-called chronic invalids at the new Robert Brigham Hospital, Boston, by scientific treatment, is referred to as little short of miraculous.

I have mentioned only a few cases where the medical man is being considered in the planning of new hospital buildings, and I hope the discussion will bring out others and that you will tell us what we should provide.

Dr. Mayo told you this morning the necessity of the conservation of human life and the tremendous amount of time gained for the patient by speedy convalescence. If the modern devices and equipment for the help of the medical patient will accomplish shorter convalescence, should these not be carefully considered in our newer hospitals, and would not the medical treatment department soon be as important as our operating department is to-day?

Preventive medicine and treatment is much discussed. Will not the medical treatment or bath-house department, with its many treatment and rest rooms, soon be as important a factor in our hospitals as our operating department is to-day?

Society Proceedings

AMERICAN HOSPITAL ASSOCIATION

(*Continued from last issue.*)

Dr. Andrew R. Warner, Superintendent Lakeside Hospital, Cleveland, conducted the round-table conference on out-patient work.

1. Does the average hospital in a city of moderate size need an out-patient department?

2. In what way can an out-patient department be of most service to the hospital with which it is connected?

We will take up those two questions together, and discuss the need for the dispensary in the average hospital, and the service of the dispensary to the average hospital. The meeting is now at your service.

Mr. Pliny O. Clark (Wheeling): In Wheeling we have been considering for the past two years the advisability of a dispensary hospital. We are a town of 125,000 population, and have never had a real general dispensary. We have had tuberculosis meetings, one hour twice a week, but that does not cover the ground, in my opinion, and it has seemed to me that with so large an industrial population as we have, with so many of the foreign class, that there is a need for a dispensary, and my observation has been that there are a great many other towns not so large even as Wheeling, who need a dispensary, who can well afford to have a dispensary.

It would seem to me they need it really to carry out the intent and purpose of a general hospital doing both charity and paying work. We must serve all classes, and we cannot get right down to this lowest class who can be taken care of properly at home, unless we do have this out-patient department, because the average practitioner is not going to spend the time to go and look up the little things, the things which may develop a little later into something very serious, but which, if taken in their very first stages, will mean heading off something much more serious. I may say that most of our staff, I think the most—I know fifty per cent.—are opposed to it. And the only reason I can get out of them—I am going to ask them to give it to me in

writing before long,—but the only spoken reason is that they have been doing this way, getting along with a dispensary ever since the beginning of history, and they see no reason for starting some new fool stuff like that; that they have been willing to do charity work in their own offices. One man gives us the same old story that you have in your established dispensaries, that we will take away some of his practice. I could not show him right off the reel that we would take away from him only the practice that he did not want, because he was a man of established practice, he did not need the clinical material, it was not that at all, it was simply—I had a hunch afterwards—he wanted that many patients seen coming in at his office door. I really could not think of what else lay at the bottom of it.

I am here to learn to-night whether it really is the right thing for us in Wheeling to have one or not. In my own mind, I rather think that it is. It seems to me that a hospital can do its duty best to the community, and also can provide another attraction for our resident staff—we only have three men—but we will get better men if we provide this clinical material, it seems to me.

CHAIRMAN: Is there some other discussion of this question? Any one else in doubt?

MISS HARRIET LECK (Kansas City): It seems to me an out-patient department is very necessary for the training of the nurses. In Kansas City, at the general hospital, we send our nurses to the Visiting Nurses' Association for a certain number of hours. There they are given training in public health nursing. We see that public health nurse, we know that she is in demand, and we must prepare her for that work. Now, with the moderate-sized hospital it would be a very good idea, it seems to me, for them to establish this out-patient department, if for nothing else, than for the training of the nurse. Of course, for the patient comes first, but we must train our nurses in that line of work, because the public demand it. The charity associations, the public welfare board, demand that the nurse be trained in this line of work.

It seems to me another argument was brought out very forcibly in Dr. Mayo's paper, the necessity of keeping the patient in the hospital for a very short time. How can we get the patient

out of the hospital unless we do follow-up work, unless the public welfare nurse follows her into the home and reports her condition to the doctors. In that one way the out-patient department would be of very great value to the hospital. Of course, we hear much about looking after the mother-to-be. The Visiting Nurses' Association take that up and go into it very thoroughly, and yet we get the patient into the hospital. Now, if we had that first work, why, it would be of very great value to the patient as well as to the hospital.

CHAIRMAN: I would like to ask Miss Leck to state if her nurses that are sent to the dispensary enjoy the dispensary work, if they appreciate it, and if the pupil nurses think it worth while.

MISS LECK: In our short experience of some two years, they have found it very valuable, and a great many of the graduates have taken up this work definitely in preference to private nursing, as a result of the experience they have had in the Visiting Nurses' Association, and I feel sure that in Kansas City we will establish this out-patient department, and it will be of very great value to the training school.

CHAIRMAN: If there be anyone here representing a dispensary in which the nurses do not enjoy the dispensary training and do not feel that it is well worth while, and do not feel that it is an especially interesting period in their training, I would like to hear from that representative. (No response.) Evidently the dispensary is of value in training nurses. Are there no questions about the average hospital's needs as to dispensaries?

MR. BORDEN: I do not see how any community of 125,000 population, such as Mr. Clark speaks of, can get along without some responsible clinic to which people can send patients who need extra attention. The clinic should not consist of only one physician, a clinic should consist of different departments, with specialists to whom the patient may be referred from one to another. That is recognized by the question, the topic which is before us to-night, because the question is asked later on, whether or not two fees should be charged. Where I live we have a population of about 125,000 people; we have clinics for nose, throat, ear, eye, orthopedic, nerve, skin, medical and surgical depart-

ments. The majority of the people who use those clinics are school children whose parents are either unable, or refuse to provide proper medical attention. Now, if that is not the duty of the community, or the hospital of the community, to provide such facilities, I am very much mistaken in the objects for which our hospitals are intended.

Mr. Michael M. Davis, Jr.: Mr. Chairman, Ladies and Gentlemen,—First the topic seems to me to divide itself into two questions. The question whether a hospital, assuming as the question states, the hospital of a city of moderate size, whether the hospital needs an out-patient department; second, whether a community in which such a hospital is located needs an out-patient department, the two things are not necessarily the same. I know of a community of about a quarter of million of people, where three hospitals are located, in which, in the judgment of those much concerned with charitable work, the community needs an out-patient department connected with them. But apparently, in the judgment of many of those connected with the medical work, the hospital either does not want or does not need an out-patient department. Although, during the past few years, two public meetings have been called by those interested in charitable work in that community for the purpose of arousing public sentiment to secure an out-patient department, or a dispensary, neither meeting has brought results, chiefly for the reason that the medical profession was absent. The medical profession of the town was not willing to support the project, at least those who were willing did not come forward and manifest it. The people in that town are now taking the following plan: They want to get some concrete facts indicating that there is a need in the community. Some of the physicians say, "But we are ready in our private offices to take care of any poor patients whom you charitable organizations may send to us." They *are* willing to do that; they have proved that they do it with a relatively small number of such patients sent to them occasionally. But some of the charitable workers in that town feel that if a string of half a dozen patients were daily waiting in the physician's office, the willingness might somewhat diminish, if those patients were mixing with private patients of the physician daily. It is a question of numbers.

If concrete facts can be secured, it probably will be seen that there is a need for a dispensary. Personally, I cannot think of any other way by which you could convince yourself or anybody else that a community needs an out-patient department for treating the sick poor, better than by getting some facts on the subject. Social workers or visiting nurses must secure these facts at first hand from their contact with the poor. Twenty actual cases collected will have more weight than hours spent in persuasion.

The second, a certain part of the question referred to the relation of the out-patient department to the hospital. It seems to me that what has been already said as to the value of the out-patient department to the hospital in perfecting the medical work, is the strongest sort of an argument for the out-patient department. Following up cases after discharge certainly promotes better complete care of the patient. This assumes that the out-patient department is organized with the hospital as the same medical institution. But this does not always exist. We all know of cases where the out-patient department is practically a separate organization, whose doctors may have no connection with the house staff. That will work to the disadvantage of both sides. There should be an intimate medical relationship between the out-patient and the house staff, so that the discharged patient from the house can go and will go to the out-patient department for necessary medical assistance. It has been suggested that one province of the out-patient department is the training of nurses; the training of medical students, of course, comes also in the larger institutions. One more point is the increased efficiency. An appeal can certainly be made to business men for an out-patient department on the basis of economy, because the out-patient department saves hospital money. It ought to keep people out of a hospital by detecting diseases and treating them before they become sufficiently serious to require a hospital bed, out-patient service costing from one-third to one-tenth of what a ward patient costs. At the other end, the out-patient department, by making possible the somewhat earlier discharge in many cases from the ward, saves hospital service again. I am sure a properly managed out-patient department is an actual financial economy because it makes a given number of hospital beds go further.

CHAIRMAN: The Committee wish to know what proportion of those representing an interest before, or what percentage representing after interest, are present here. Therefore, we would like to have those who have dispensaries already to please stand. Twenty.

All those representing hospitals or institutions not having dispensaries, please stand. Nine. Thank you very much. We wish that ratio.

The next question is a specific one, that somebody must be interested in, otherwise the question would not be in this list. Somebody sent it in.

(3) What is the best system for charging fees in a dispensary?

I don't know that anybody can answer it, or that we know the best system yet. But I would like to hear of anyone who thinks that they have a good one; or we would like to hear from anyone who thinks they have a bad one, and want to have a better one.

DR. W. G. NEALLEY: Last winter a bill was introduced in the New York legislature, known as the Neilson bill, which provided that all dispensaries treat their patients, medical and surgical, free of charge. This bill was proposed by a coterie of physicians representing themselves as the Physicians Economic League, or some name to that effect. A hearing was held in the Capitol at Albany, and arrayed on one side were about half a dozen physicians representing the League, on the other side were representatives from the Associated Out-patient Clinics of New York and Brooklyn, representing about sixty dispensaries. The matter of fee system, the amount of money that dispensaries make, and the amount that they lack was gone into in detail. The physicians claimed that practically all the private dispensaries of Greater New York were making barrels of money. It was shown to the satisfaction of the Committee that there was not one dispensary in New York, coming anywhere near paying its expenses. At the end of the hearing the bill was withdrawn.

I think this gives us a pretty good index to the amount of money, or the expenditures that the dispensaries in Greater New York are incurring. I think that shows that there should be a charge. The physicians who were in favor of the bill, so

far as we could see, were men who were disgruntled because they had already been dismissed from a dispensary staff, or could not get on a dispensary staff. The institution which I represent charges a fee of ten cents per visit. If medicine is required, ten cents additional is charged. If it is an expensive medicine, that charge may be up to twenty-five cents. In the nerve clinic, ten cents is charged for massage because in that clinic they have to pay a masseuse in order to get prompt and efficient treatment for the patient.

CHAIRMAN: Any other discussion? The Chair will make one comment. In charging a fee one large factor is the prevention of the pauperization of the patient, and any fee system undoubtedly assists the social workers of that community in preventing the pauperization of patients through the medical charities.

Questions 4, 8 and 9, all belong to that big problem of dispensaries that usually comes in for the lion's share of discussion, and that is the problem of dispensary abuse. The largest, the longest, the most enthusiastic meeting the Cleveland Academy of Medicine ever held, had those two words for a subject. They could not find time for all that wished to speak. Dispensary abuse is a topic that is being discussed very extensively, and from many angles throughout the country. Three out of the twelve questions handed in deal with dispensary abuse.

(4) How can "Dispensary abuse" be best prevented? How far should we attempt to prevent it?

(8) How can the Dispensary Rounders best be cared for?

(9) How can the patient undeserving of charity best be eliminated?

It is all "Dispensary abuse." If there were but half a dozen representatives of the practicing medical profession of Cleveland, we would need to use the gavel to close this meeting. I do not know how it is in other communities, perhaps there are some here, at any rate we will be glad to hear both sides of the question.

DR. BABCOCK: I have been asked to say something on the subject, as it is a subject that we have given some attention to, in Detroit. The question is badly worded, I do not like

to use the word "best." I cannot attempt to give you the best method of preventing dispensary abuse, but I can tell you how we have made the attempt.

In the first place, dispensary abuse, I take it, will vary in different cities. The geographical location of the hospital in the city will have something to do with dispensary abuse. Second, the character of the population in the vicinity of the hospital is another factor of great importance. Our hospital is located contiguous to several colonies of foreigners of different nationalities, and we have observed two or three years ago that two classes of population were extremely versatile in their ability to cover up their resources and their income, the Greeks and the Russian Jews, and I think our social service worker who first talks to every new applicant to the dispensary—our dispensary is not a large one, by the way, we have from fourteen to fifteen or sixteen thousand visits a year, and it is possible for our social service department to see each new patient—I am sorry to say that, but she pays more attention to those two classes than any other. So the character of the population in which the hospital is located has much to do with the matter of dispensary abuse.

The nature of dispensary organization is another factor in the matter of abuse, whether special dispensary or general dispensary. Another feature, and that is one that we perhaps have not often heard discussed as a factor, is the reputation of one or more of the specialists who do work in the dispensary. Two or three years ago we had a very enthusiastic reorganization of our out-patient department, and starting soon after our social service work, the organization was placed on such a plane that we were able to obtain the services of some of our best specialists in the eye and ear department and other departments of the hospital, men who represent in the in-patient department the senior positions in the department in some instances.

Take the department of diseases of women, we have had patients come to the dispensary and insist on seeing Dr. So-and-So. In this particular department that I speak of, there is one specialist who has a reputation in that neighborhood, has a reputation, in fact, in the city, and a number of patients have come to the dispensary for the purpose of consulting him, and having treatment by him. We asked why they did not go to

his office. The general reply is made, that his office is down town, it is a high-toned office, we are very moderate people, and we feel out of place there, hence we come here to get his service. Suffice it to say that of course such patients, if able to pay a physician, are told they must see a private physician, or consult their favorite physician.

At the time our out-patient department was reorganized some years ago, owing to discussion attendant upon reorganization occurring over a period of time, and more or less a matter of newspapers, when the departments were opened, we had quite an interesting condition appear in our statistics. We found that during the first seven or eight months of its reopening, that, I think for two months of that period, the social service worker at the head of the department turned away one month twenty per cent., another month a slightly less percentage, of the applicants. A very unusual feature, which we recognized at that time. I might say that after the dispensary had become settled in its work, the social service department has covered this territory, and the neighborhood understands whom we will treat and whom we will not treat. Our percentage of rejections has fallen gradually down to two and a fraction.

It is a common experience in out-patient departments to have physicians in the different departments complain that now and then they receive patients whom they consider quite able to pay. I have always insisted that those who make that complaint give the name of the patient and the dispensary number, so as to afford an opportunity for an investigation and the head of the social department is asked to make a complete report on that case in writing, and a copy of that report is sent to the physician making the complaint. I think if you do that, you will eliminate a good majority of the complaints, because with two or three exceptions, where we find the complaint of a physician is justified in the statement that a patient can pay, the social service department will find that he is not able to pay. I recall one instance of a clergyman who brought his wife to the out-patient department, and the doctor who made complaint stated that the clergyman appeared in his Prince Albert coat and had every appearance of having means. Investigation showed that the minister was an aged, retired minister, who

lived, with his wife, in a single room, with barely enough to eat, and what they were wearing was the survivals of many years.

It was stated in the discussion before this Association two or three years ago by a speaker that they thought the proportionate amount of "abuse" in an out-patient department was in ratio to the size of the medical department, which was a new point to me, and since listening to that discussion I took occasion to watch that feature, and at least as far as our out-patient department goes, we have not made observation that the medical department was any more prone to have referred to it cases of that character, than any other department.

If, in the organization of your dispensary, you can arrange for your social service department, or some trained worker, to see all new patients, and make a thorough investigation, you will soon be able to gain the confidence of the physicians who are interested in the hospitals, or the physicians at large in the community. I think that in Detroit, as far as numerous physicians in our hospital are concerned, that we have almost eliminated criticisms referable to the dispensary, and I venture to say that no such condition exists there in the city as Dr. Warner has mentioned as existing in Cleveland, though I do not know why a city so near alike in industrial work and other features should have that difference.

Detroit has, as perhaps I might say, only three dispensaries, or out-patient departments of any consequence, and all of them, up to the present time, have been relatively small. We have found a small proportion of applicants applying to our dispensaries, whose families are able to pay, to be minors, and inquiry by the social service department has developed the fact, I think, in many instances, that these minors whose parents were able to pay a family physician, were children from twelve to eighteen years of age, whose parents neglected, or were indifferent to conditions that needed remedying, and it is one of the hardships of the social service department to have to turn back to a family children who appear under those circumstances, and it has become a rule with us to have the social service department follow up these cases, have a conference with the family, and see in one way or another that that particular child, or youth, or girl, gets

treatment. It is sometimes a dental case, sometimes an eye case, and sometimes a case of something else. It is a point in our organization to keep everlastingly after, and, if, in the minds of the social service department, we find that we can cover the field, at least with us where the dispensary is not large, so as to be quite confident that there are but very few cases that will come into the dispensary that will be subject to criticism. One of the first questions asked a patient by the social service department is, "Who is your family physician?" And a record is made on a card, of the name of the patient, so that if it develops in the investigation that any particular patient is able to pay a family physician, the patient is given a card to that particular doctor. If the patient states he has no family physician, as they do in the great majority of cases among the foreigners, they are given a card which bears the name of the physician in that particular department to which he would be sent if he were admitted to the dispensary.

As to a criterion, or a line of demarcation for turning back patients, we have felt that a family or patient whose wage earner is earning from $12 to $15 is not a subject for dispensary care, unless a family is burdened with one or more cases of sickness, or has had reverses, which they are always glad to explain, if such are apparent.

MR. BARTINE: Dr. Babcock, may I ask you this one question? Of a number of cases of abuse, how many do you find have been referred to your hospital by a family doctor, simply sent to you for advice, for diagnosis?

DR. BABCOCK: I hardly know how to answer that question any other way than to say that I am inclined to think that we have had an occasional instance of that character, but too infrequently, perhaps, to be of consequence.

I might say, in answer to Question No. 8, "How can dispensary rounders best be cared for," that one of the questions asked of any new patient always is, "What out patient departments of this city have you visited within the last year?" And a record is made of those.

MR. BARTINE: The league that Dr. Nealley spoke of a moment ago, brought out a meeting by the State Board of Charities held in the city, and the question was brought up

of the great amount of abuse, and I told one member of the State Medical Society that the great amount of abuse that we had in our institution was brought about by the medical profession itself, and he got up and brought out the statement that the dispensary and the State Board of Charities were very much interested, and I told him the following day that I had followed up very carefully whatever we could, and a representative of the State Medical Society and myself followed up every suspicious case, and I should judge, out of about 200 or 250 cases a day in our out-patient department, and out of that number we could not average but four or five suspicious cases in a day. He and I looked them over, and we simmered it down to about three a day. Well, out of about fifteen cases that we looked into, we found that eight the medical profession were responsible for. They had referred them to us for diagnosis, in some cases the diagnosis having been returned to the practitioner, in other cases simply referred them to us for treatment, because they were unable to handle the case. Our institution is a special institution, taking care of orthopedic cases. That would not apply to the general hospital.

THE CHAIRMAN: I would like to pass that question on to one more, because my own impression is that the number is greater than Dr. Babcock would lead you to think, from his reply. I should like to ask Dr. Seem what he thinks of it at the Johns Hopkins.

DR. SEEM: We find a great many patients who apply to us for treatment, that might ordinarily come under the head of abusing the privileges of the dispensary, are those who have made the round of the physicians, or have been going to physicians for a considerable period of time, probably have spent all their savings, and have come to us as the court of last resort, so to speak. Thus we have been very broad in our construction and have always tried to make a mistake rather on the side of safety, than at the cost of the patient.

THE CHAIRMAN: I might say, we have found in the Lakeside Dispensary, that this condition exists to such an extent, that we have put in a classification and prepare to take those cases in this way. We have a routine admission making those cases what we call Class "D" cases, and cases admitted to

Class "D" are written at the request of physicians for consultation or any special laboratory work only, such as blood examination, etc., for any general consultation, X-ray, or anything else which the ordinary practicing physician cannot do readily in his office. The report is made to the physician sending this case in, and the case referred back to him for treatment with recommendation.

Mr. Bartine: Why would not that doctor refer them to a private physician? That is what I call an "abuse." The State Board of Charities should not allow itself to be used for that purpose, as far as I interpret it.

(*To be continued next month.*)

Book Reviews

Personal Power. By Keith J. Thomas. Cassell & Co., Limited, London, New York, Toronto and Melbourne. 1912.

This is a book worthy of perusal by all. We do not remember in years coming across a volume that contains so much good philosophy as Keith J. Thomas' " Personal Power." It is divided into three parts, the first being devoted to " Power in the Making," part two to " Power in Use," and part three to " Pleasures of Power." Particularly to young men training as public speakers we commend the work. The universities and students, too, are under a debt of gratitude to the author for his latest effort.

The Cancer Problem. By William Seaman Bainbridge, A.M., D.Sc., etc., Surgeon to the New York Skin and Cancer Hospital, Professor of Surgery in the Polyclinic Hospital and School for Post Graduate Study, New York City. Toronto, New York, London: MacMillan Co.

Dr. Bainbridge's book gives a good review of the work done on the cancer problem and of what has been written about it. One section of the book is devoted to the bibliography of cancer, which the student of the subject will find valuable.

The author first reviews the history of cancer and points out the difficulty of ascertaining whether or not it is on the increase. The misfortune in the United States is that statistics are quite unreliable. Registration in many quarters is wholly inadequate and in many others unreliable.

Dr. Bainbridge discusses analogous diseases in the plant kingdom; but concludes that there is no disease that quite corresponds with malignant disease in the human species. In the animal world, on the other hand, cancer is common, a good deal of study having been given to its occurrence among horses, cattle, dogs, cats, etc. Besides being found among domesticated

animals, it has been found in wild animals, both those which have been captured and caged and those at large which have been shot by hunters.

There is nothing to show that cancer has been communicated from the lower animals to man; but experimentally it has been communicated from animal to animal by inoculation in the research laboratories. There is no absolute proof that it is contagious in the human species. Strange to say, unlike the infectious diseases, cancer appears to be less prevalent proportionately to population among the lower classes where filth and squalor abound than it is among people who live in comfortable homes, amid sanitary surroundings and who fare well.

An interesting chapter of the book is devoted to a discussion of the means of lessening the disease and lessening the mortality therefrom. While heredity may have something to do in creating a predisposition to the disease, one of its main contributory causes is continued irritation of epithelial structures; and to lessen the number of cases of cancer all sources of irritation should be avoided. Concrete examples were seen in the scrotal cancers of chimney sweeps, in the lip cancers of clay-pipe smokers, in the abdominal cancers of certain inhabitants of India, caused by the impingment of loaded baskets against their abdomens.

The many various cancer cures extolled both by the laity and the medical profession were described, and an explanation given of their reputed virtues. But, unfortunately, each sort alike, scientific and non-scientific, has failed to be in any sense specific. In the comparatively early stages of superficial malignant neoplasms, radium and caustic do effect cures, but up to the present nothing takes the place of the surgeon's knife, and the earlier the better, the more complete the removal the better. In this connection Dr. Bainbridge pays credit to the splendid work of Stiles and other investigators, whose studies have shown the insidious extent to which tissues adjoining malignant neoplasms have been permeated by the infection, and which have led to the extreme care surgeons have since taken to eradicate, as far as possible, all invaded areas.

A RELIABLE FOOD, PARAGON X-RAYS AND HOSPITAL APPLIANCES*

In the past few years a number of so-called "breakfast foods" have been placed on the market, each one heralded as being scientific in composition and highly nutritious. In some cases the representations made have been incorrect, so that it is with satisfaction that a food has been found that is worthy of the endorsement of the medical profession. The food referred to is Tillson's Oats, as manufactured by The Canadian Cereal and Flour Mills, Ltd., of Toronto. In its preparation only the very best Western oat is used, the process of milling is strictly sanitary, so much so that the company will welcome any physician who cares to call and inspect the mills. Medical men know that for heat-producing and tissue-building properties oats take the lead, and the company respectfully request that in prescribing a food of the kind, *Tillson's Oats be specified.*

But Slight Increase

Owing to the increased cost and the scarcity of supply of raw material, the EDDY COMPANY have had to slightly advance the price of matches and some other lines.

The EDDY COMPANY believe the public will appreciate this when they realize it is done so that the high standard of quality for which the Eddy goods are famed, may be maintained.

Paragon X-Ray Plates

In Radiography, profitable returns depend upon maximum efficiency. Therefore, radiographers have promptly adopted Paragon X-Ray Plates, because they find their tube expense greatly reduced, due to the fact that with Paragon Plates exposures of only one-third to one-fourth the time formerly required produce perfect radiographs. Shorter exposures eliminate the destructive overwork of the tube, and consequently effect an economy.

* Publishers' Department.